



**Psychology
Doctoral Internship
in Developmental
Disabilities & Pediatric
Psychology**

2018-2019

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INTRODUCTION

Welcome to the Division of Psychology Doctoral Internship in Developmental Disabilities and Pediatric Psychology at the Institute on Development & Disability (IDD), Oregon Health & Science University (OHSU), Portland, OR. This internship is a joint venture between the Division of Psychology, the Leadership and Education in Neurodevelopmental and Related Disabilities (LEND) Training Program, and OHSU and community partners. It is designed to provide training in the care of youth with complex medical, developmental, and/or emotional/behavioral issues within a multi-/interdisciplinary, hospital-based context.

This training manual outlines internship training principles and activities, including overarching goals, objectives, and expected professional competencies. Information regarding evaluation procedures, expected performance, rotation closure, and continuance and termination procedures are also provided. Further, guidance on processes and procedures to follow for addressing any grievances is provided.

Information contained in this manual is to serve as a guide to activities that will occur during the course of the training year. Although it will serve as a useful resource, importantly interns are expected to dialogue with the Training Director, Assistant Training Director for Internship, and individual supervisors about expectations, performance, and other issues related to the training experience.

AIM AND PROFESSION-WIDE COMPETENCIES

Please note that, as of January 1, 2017, accredited doctoral internship programs are required to be adherent to the *Standards of Accreditation* (SoA) articulated by the *Commission on Accreditation*. Under the SoA, programs must train to and assess intern performance consistent with nine Profession Wide Competencies, conceptualized and articulated in a manner consistent with their aim(s).

Our program has one overarching aim and has designed a training curriculum to promote intern development consistent with the profession-wide competencies articulated by the *Commission on Accreditation*. Our training is designed to ensure that interns are able to demonstrate readiness for entry to practice¹ in the following areas by the end of the training year.

PROGRAM AIM: To Prepare Interns to Demonstrate Entry Level, Effective, and Appropriate Professional Care of Youth with Special Health Needs

Our training program emphasizes development of knowledge, skills, and attitudes to function as a psychologist serving youth with special health needs and their families. Training emphasizes clinical, research, and professional abilities related to multi- and interdisciplinary services grounded in the perspective of family centered care. We recognize that to be an effective, competent psychologist, one must receive training experiences in a broad array of areas, including those that go beyond direct interactions with patients and their families. Therefore, we focus training on skill sets related to ethical behavior and thinking, critical thinking skills, written and oral expression of ideas and findings to diverse audiences (e.g., families, other health care providers), forward thinking/creative development (e.g., programmatic development), and work-life balance. Training emphasizes functioning in an academic health care environment.

PROFESSION-WIDE COMPETENCIES

Our training program provides education and training designed to promote intern development of the nine profession-wide competencies as articulated in the SoA, summarized below. The summary is based on the language articulated in the SoA. Specific, expected behavioral elements of each competency area, as well as the minimal level of achievement needed for successful completion of the program, are defined in our program's Intern Performance Evaluation Form (see **Appendix I**).

1. Research:

Interns are expected to demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge, and to disseminate research.

2. Ethical and Legal Standards:

¹ We recognize that, in most jurisdictions, additional supervised experience is required before one can practice independently as a licensed psychologist.

Interns are expected to be knowledgeable of and act in accordance with 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. Further, interns are expected to recognize ethical dilemmas as they arise and engage in ethical decision making to resolve them. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence over the course of the training year.

3. Individual and Cultural Diversity:

Interns are expected to demonstrate 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 current theoretical and empirical bases as it relates to addressing diversity in all professional activities; and the ability to integrate awareness and knowledge of individual and cultural differences into the conduct of professional roles. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence over the course of the training year.

4. Professional Values and Attitudes:

Interns are expected to behave in ways that reflect the values and attitudes of psychology (i.e., integrity, deportment, identity, accountability, lifelong learning, concern for the welfare of others); engage in self-reflection regarding one's personal and professional functioning and in activities to maintain and improve performance, actively seek and demonstrate openness and responsiveness to feedback, and to respond professionally in increasingly complex situations with a greater degree of independence over the course of the training year.

5. Communication and Interpersonal Skills:

Interns are expected to develop and maintain effective relationships with a wide range of individuals (e.g., colleagues, supervisors, supervisees, recipients of care); produce comprehensive oral, nonverbal, and written communications that are informative and well-integrated (including a grasp of professional language and concepts); and to demonstrate effective interpersonal skills including the ability to manage difficult communications well.

6. Assessment:

Interns are expected to demonstrate the ability to select and apply assessment methods that draw from the best available empirical literature, collect relevant data using multiple sources and methods appropriate to the goal of the assessment; interpret assessment results, following current research and professional standards, to inform case conceptualization, classification, and recommendations; and to communicate orally and in writing the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

7. Intervention:

Interns are expected to demonstrate the ability to implement evidence-based interventions at the individual, family, group, community, population, or systems level. Interns are expected to demonstrate the ability to establish and maintain effective relationships with

recipients of psychological services; develop evidence-based intervention plans, implement interventions informed by research, assessment findings, patient diversity characteristics, and contextual variables; the ability to apply relevant research to clinical decision making; to modify and adapt evidence-based approaches as needed; and to evaluate intervention effectiveness.

8. Supervision:

Interns are expected to demonstrate their knowledge and skills related to mentoring and monitoring trainees and others in the development of competence and skills in professional practice.

9. Consultation and Interprofessional/Interdisciplinary Skills:

Interns are expected to demonstrate intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

INTERNSHIP ACTIVITIES

Our internship is designed to provide a variety of value-adding training opportunities that combine into a coordinated, programmatic experience that is sequential, cumulative, and graded in complexity. Interns will complete both rotational and year-long training activities that are both clinical and non-clinical in nature. Below is a description of required activities as well as expectations for performance during those activities.

CLINICAL ACTIVITIES

1. Special Health Needs Track:

During the 2018-2019 training year, the following 4-month *major rotations* are offered:

A. Child Development Clinic (LEND): This rotation involves intensive and interdisciplinary assessments of children with a variety of special needs. Referral questions often include cognitive delays, academic concerns, behavioral difficulties, emotional problems, social concerns, speech delays, poor motor skills, and medical disorders. Psychology interns, along with their supervisors, conduct extensive assessments and parent/child interviews, and consult with other professionals in a fast-paced clinical setting. As many as eight disciplines may be involved in the one-day clinic. The interns are also expected to serve as case coordinator, chair staff meetings, and conduct parent conferences. Staffing and parent conferences conclude the day and the entire process is completed within six to eight hours. The intern typically completes one or two assessments during the clinic, which occurs one day a week. Follow-up activities may occur outside of the clinic day.

B. Pediatric Psychology:

Interns will participate in one or several pediatric clinics serving children with complex and/or chronic medical conditions. Examples of clinics that potentially part of this major rotation include the Diabetes Center, which is a lifespan, multidisciplinary center designed to provide coordinated, state-of-the-art care to individuals with diabetes; Survivor's Clinic, an interdisciplinary long-term follow-up clinic for youth who have survived cancer; Hemophilia Clinic, a multidisciplinary program offering care and coordination for individuals with hemophilia and other bleeding disorders; Pain Clinic, an interdisciplinary assessment clinic for youth with chronic pain; and Healthy Lifestyles clinic, a multidisciplinary assessment and education clinic for youth who are overweight or obese. Interns, along with their supervisor, will provide services including assessments of psychosocial status, consultation with medical and other allied health professionals, and/or on-going behavioral health assistance to youth and their families. Focus of services is on wellbeing of the youth and optimizing individual and family functioning. Ongoing services may emphasize issues such as adjusting to having a chronic medical condition, incorporating prescribed medical regimen into day-to-day life, and addressing psychosocial issues related to one's chronic medical condition.

C. Psychology-Only Assessment

Interns will participate in a full day of "psychology only" assessment including one full assessment and possibly an additional appointment for a diagnostic interview or feedback

session. Children are typically referred to evaluate questions of ADHD, learning disability, developmental disability, and/or mental health or behavioral concerns. Most of these patients receive a cognitive and achievement (academic) assessment as well as an assessment of behavioral and emotional functioning. However, this clinic is arranged to provide many levels of psychological assessment based on the individual patient's needs and may include measures of memory, executive function and attention-specific measures. Goals of this rotation include promoting increased skills and independence with choosing appropriate assessment measures based on specific referral questions, expanding the number and types of assessment measures familiar to a trainee, diagnostic interviewing and providing feedback to families, making appropriate diagnoses and recommendations, and writing professional reports. Trainees will also be encouraged to learn about and participate in administrative aspects of assessment including working with scheduling coordinator, school teachers, and referring providers, and billing issues. Because child psychology assessments are a common part of practice for independent practitioners, this rotation is designed to refine existing assessment skills so that interns leave prepared to complete comprehensive psychological assessments independently.

Minor rotation experiences are designed to supplement clinical training by offering additional, unique opportunities. Emphasis remains on strengthening skills for functioning as a psychologist within a hospital-based context. The 4-month minor rotations for Special Health Needs Track include:

A. Behavioral Pediatrics Treatment Program: The Behavioral Pediatric Treatment Program is designed to respond to the needs of pediatricians and other pediatric health care workers to assist their patients with specific presenting concerns. Behavioral Pediatrics as a field involves short-term, focused treatment of emotional and behavioral difficulties from the perspective of normalcy, by avoiding over-pathologizing presenting concerns. Examples of patient concerns treated include, but are not limited to, elimination problems (e.g., delayed toilet training, enuresis, encopresis), bedtime and sleep problems, mealtime behavior problems, feeding difficulties (e.g., selectivity, refusal), habit and tic disorders, and common childhood difficulties (e.g., tantrums, noncompliance). The treatment model involves fluid scheduling and short-term care.

B. Inpatient Consultation/Liaison: Faculty members of the Division of Psychology provide consultation to children and adolescents receiving inpatient medical care at Doernbecher Children's Hospital. Focus of consultation is typically on evaluating psychosocial status, providing specific treatment recommendations regarding strategies to address acute (e.g., coping with painful medical procedures) or chronic (e.g., nonadherence to regimen) issues, offering recommendations for specific types of outpatient services that appear warranted, and consulting with medical providers regarding how to address psychosocial needs of youth. Inpatient intervention may be offered to youth hospitalized for extended periods of time. Requests for consultation come from many inpatient medical services, including Hematology/Oncology, the Pain Service, endocrinology, gastroenterology, and the general floors, to name a few.

C. Choice Rotation: Interns are given the opportunity to choose from available clinical activities, allowing for an opportunity for interns to consider experiences that best match

their professional development goals. Examples of possible choice rotations include: NICU Follow-Up Clinic, Health Lifestyles Clinic, Neuropsychology Assessment Clinic, Survivor's Clinic, and Autism Diagnostic Clinic, to name a few.

2. Autism Spectrum Disorder Track:

The intern completing the ASD Track will spend the entire year in a **major rotation** emphasizing differential diagnostic assessment of youth suspected of having ASD. Experiences will emphasize multi- and interdisciplinary assessment. The primary focus of the evaluation is on the differential diagnosis of ASD and co-morbid conditions within the context of family friendly treatment planning. Training emphasizes ASD-specific (e.g., Autism Diagnostic Observation Schedule), developmental, intellectual, and nonverbal assessment tools, as well as rating scales to assess adaptive skills, mood/anxiety, executive functioning, etc.

Minor rotation experiences are designed to supplement clinical training by offering additional, unique opportunities. Emphasis remains on strengthening skills for functioning as a psychologist within a hospital-based context. Minor rotations (4 months each) for the ASD Track include:

A. Choice Rotation: Interns are given the opportunity to choose from available clinical activities, allowing for an opportunity for interns to consider experiences that best match their professional development goals. Examples of possible choice rotations include: NICU Follow-Up Clinic, Health Lifestyles Clinic, Neuropsychology Assessment Clinic, Survivor's Clinic, and Autism Diagnostic Clinic, to name a few.

B. Inpatient Consultation/Liaison: Faculty members of the Division of Psychology provide consultation to children and adolescents receiving inpatient medical care at Doernbecher Children's Hospital. Focus of consultation is typically on evaluating psychosocial status, providing specific treatment recommendations regarding strategies to address acute (e.g., coping with painful medical procedures) or chronic (e.g., nonadherence to regimen) issues, offering recommendations for specific types of outpatient services that appear warranted, and consulting with medical providers regarding how to address psychosocial needs of youth. Inpatient intervention may be offered to youth hospitalized for extended periods of time. Requests for consultation come from many inpatient medical services, including Hematology/Oncology, the Pain Service, endocrinology, gastroenterology, and the general floors, to name a few.

C. Pediatric Pain Clinic: The Pediatric Pain Clinic offers interdisciplinary diagnostic evaluation of youth with chronic pain with and without identified medical causes to develop comprehensive medical and non-medical treatment recommendations. Using a team-based assessment approach, psychology emphasizes psychosocial assessment of variables impacting pain, assessment of functional impact of chronic pain, and development of specific recommendations for effective management of pain and to promote improved functioning.

3. Neuropsychology Track:

This track emphasizes neuropsychological assessment of youth with a variety of special health needs. Patients include youth with known or suspected congenital or acquired brain insults and/or abnormalities. The intern completing this track will complete a yearlong **major rotation** emphasizing in depth outpatient neuropsychological and brief screening (inpatient and outpatient). Six months of the year will have greater emphasis on patients with known neurological conditions, specifically seizure disorders. The other six months of training will have greater emphasis on patients with current or past experiences with cancer and associated treatments.

Minor rotation experiences are designed to supplement clinical training by offering additional, unique opportunities. Emphasis remains on strengthening skills for functioning as a psychologist within a hospital-based context. Minor rotations (4 months each) for this track include:

A. Choice Rotation: Interns are given the opportunity to choose from available clinical activities, allowing for an opportunity for interns to consider experiences that best match their professional development goals. Examples of possible choice rotations include: NICU Follow-Up Clinic, Health Lifestyles Clinic, Neuropsychology Assessment Clinic, Survivor's Clinic, and Autism Diagnostic Clinic, to name a few.

B. Inpatient Consultation/Liaison: Faculty members of the Division of Psychology provide consultation to children and adolescents receiving inpatient medical care at Doernbecher Children's Hospital. Focus of consultation is typically on evaluating psychosocial status, providing specific treatment recommendations regarding strategies to address acute (e.g., coping with painful medical procedures) or chronic (e.g., nonadherence to regimen) issues, offering recommendations for specific types of outpatient services that appear warranted, and consulting with medical providers regarding how to address psychosocial needs of youth. Inpatient intervention may be offered to youth hospitalized for extended periods of time. Requests for consultation come from many inpatient medical services, including Hematology/Oncology, the Pain Service, endocrinology, gastroenterology, and the general floors, to name a few.

C. Pediatric Pain Clinic: The Pediatric Pain Clinic offers interdisciplinary diagnostic evaluation of youth with chronic pain with and without identified medical causes to develop comprehensive medical and non-medical treatment recommendations. Using a team-based assessment approach, psychology emphasizes psychosocial assessment of variables impacting pain, assessment of functional impact of chronic pain, and development of specific recommendations for effective management of pain and to promote improved functioning.

4. Outpatient Treatment:

Interns are actively involved in providing services through the Division of Psychology's Outpatient Treatment Program. In general, interns provide therapy services in the following areas: family therapy interventions; parent-child interactions and parent training; individual treatment of emotional and/or behavioral challenges, often associated with developmental/medical conditions; and psychosocial and behavioral interventions with individuals presenting with a wide variety of presenting concerns (e.g., anxiety, depression,

behavioral challenges) and their families. Treatment tends to emphasize short term, goal oriented approaches.

All interns also provide services through the General Pediatrics Behavioral Health Clinic. This clinic is part of the integrated behavioral health “stepped-care” model in partnership with General Pediatrics. Patients are seen in this clinic for either focused, brief (e.g., 3-4 session) care for specific behavioral health issues believed to be responsive to short-term care, or for stabilization and maintenance while patients seek access to more long-term specialty mental health care.

Interns are expected to maintain a caseload of 3 to 5 cases at any one time. This will involve a blend of patients seen under direct, “live” supervision of a faculty member as well as patients seen in the General Pediatrics Behavioral Health Clinic.

PLACEMENT

Each intern completes a year-long placement either through an internal or community partner program. The goal of this aspect of the training program is to expose interns to practice, policy/planning, and/or research-related activities in various contexts and to expand the application of one's knowledge and skills.

Interns spend approximately six to eight hours per week in these activities, and remain in the same placement for the entire year. Specific placements can change year to year, and thus are not guaranteed; however, it is the goal of the IDD Division of Psychology to maintain ongoing relationships with community partners to ensure consistency in training. For the 2018-2019 training year, placements are as follows:

1. General Pediatrics (2 Positions):

This involves serving as a behavioral health provider in general pediatric primary care clinics, including those staffed by pediatric residents and faculty physicians. The intern will a) provide brief psychosocial screening and behavioral recommendations to patients seen in clinic, b) provide brief follow-up care based on clinic patient need and prioritized clinical areas, c) foster skills development of pediatric residents related to addressing psychosocial challenges in an ambulatory pediatric context through indirect and direct educational training, and d) develop other specialty projects of mutual benefit to the intern and pediatric residents. Direct patient consultation will be supervised by a member of the Division of Psychology and the behavioral pediatrics psychology resident; the intern will also work closely with attending physicians to define and implement training activities.

2. Pediatric Nephrology (1 Position):

This placement involves working closely with Division of Pediatric Nephrology, emphasizing care for patients who are post-renal transplant. The intern will provide brief behavioral health consultation to renal transplant recipients; examine current practices related to promoting medical regimen adherence and collaborate with providers and patients/families to address systems, clinic, and psychosocial barriers; and engage in program development and scholarly activity related to this patient population.

3. Pediatric Neurology & Epilepsy Program (1 Position):

This placement involves collaborating with the Division of Pediatric Neurology, emphasizing care for epilepsy patients. The intern will provide behavioral health consultation to patients including assessment for psychosocial status, adjustment and coping, adherence to medication/medical regimen, and possibly brief neuropsychological screening. The intern will also serve as a point person for OHSU pediatric neurologists who have questions about their patients. Emphasis will be on outpatient care, although opportunities to support inpatients exist.

4. Disorders of Sexual Development-Translational Research Network (DSD-TRN) Program (1 Position):

This placement involves collaborating with the Division of Pediatric Endocrinology, emphasizing care for patients with disorders of sexual development. The intern will assist with program development and implementation focused on behavioral and mental health aspects of youth, with the development of systems to monitor and document outcomes, and with clinical care by providing behavioral health consultation to patients and family.

NON-CLINICAL ACTIVITIES

1. Psychology Seminar Series:

These 1-hour, weekly sessions are given for psychology interns and post-doctoral residents by the psychology faculty and professionals from other disciplines at IDD or other OHSU faculty. They are generally organized into three general areas: foundational knowledge and skills, special topics, and professional development. Topics emphasize knowledge, skills, and competencies related to child/pediatric psychology such as assessment issues, legal and ethical issues, diagnostic techniques, specialty intervention training, interfacing with medical and allied health professional, medical topics relevant to clinical care (e.g., seizures, sleep disorders), and professional development topics (e.g., vita preparation, applying and interviewing, presentation skills, post-doctoral training versus a "real job"), as well as other topics based on expertise and interest. Interns participate in all scheduled psychology seminars. Additionally, they are expected to facilitate at least one seminar per year.

2. Psychology Journal Club:

IDD psychology faculty, interns, and post-doctoral fellows meet on the 2nd Thursday of the month for presentation and discussion of relevant articles in various areas of interest. The goal of journal club is to both enhance interns' ability to critically evaluate research as well as to foster consideration of how science informs practice and professional development. Interns both participate in and lead journal club meetings.

3. Psychology Research in Progress Meetings:

IDD Psychology Faculty, interns, and fellows meet the 4th Thursday of the month. Each month, someone is responsible for presenting research in progress. This may include initial ideas, review of manuscript in preparation, review of grant application, etc. The goal of this meeting is to both assist and learn from each other to strengthen research activities within the division and to prepare trainees for scholarly activity in the future.

4. Interdisciplinary Training Curriculum (LEND):

This training curriculum is sponsored by the LEND Program and is offered to trainees of all disciplines participating in the LEND Program. Psychology interns are expected to participate in this interdisciplinary curriculum, which includes both experiential and didactic training activities. The goal is to provide training and experience in twelve areas resulting in leadership competence. Some content is presented within an Interdisciplinary Seminar, a weekly seminar Thursdays from 3-4:30pm (occasionally until 5pm) during which outside speakers and faculty members from IDD present information based on their area of expertise. Additional content is addressed through participation in community engagement projects, offering community-based trainings, family mentorship experiences, and potentially serving on committees and state planning groups.

5. Training in Supervision:

Interns will participate in a structured program of training in supervision models, skills, and application of skills over the course of the training year. The purpose of this experience is to provide opportunities to enhance interns' knowledge and practice-specific supervision skills including introduction of supervisory role; initial development of self-awareness of style; guiding useful conversation and goal identification with a supervisee; identifying challenges as a supervisor and seeking guidance appropriately; providing feedback to others effectively; seeking feedback from others effectively; and attending to issues of ethics, diversity, and legal considerations in the supervisory context from the perspective of a supervisor. This training component includes didactic seminars, individual and group supervision specifically addressing individual growth as a supervisor, and specific opportunities to demonstrate supervision skills with others. The primary experiential training opportunity includes each intern being paired with a practicum-level psychology trainee. Over the course of the training year, the intern will complete a minimum of three direct observations of that practicum student performing clinical skills and a minimum of three supervision meetings with that student. Interns will gain opportunity to establish goals, define their role, and facilitate supervisory conversations with the practicum student focused on clinical skill and/or professional development. Additional structure and goals will be determined on a case-by-case basis depending on the goals of the intern, practicum student, and guidance from the Assistant Training Director/lead faculty supervisor. Additional opportunities to practice demonstration of supervisory skill include interactions with psychology trainee peers, medical students, and medical residents.

6. Research:

One of the goals of the IDD Division of Psychology Internship Program is to ensure that trainees are well versed in the link between science and practice. To that end, we specifically involve all trainees in scholarly activity during the course of their training year to ensure familiarity with the scientific method. Each intern will plan, develop, and/or participate in a clinical research project during the year. The specific focus of the research activity is tailored to the long term goals of the trainee as is possible (e.g., trainees with plans for entering academia afforded greater opportunities to take substantial lead on research leading to authorship on publications).

There are many ongoing research projects in progress in which the interns may participate. An intern is also able to develop projects of his/her own, if a match between

faculty expertise and trainee interest exists; however, interns are encouraged to join an existing project given time commitments and the short duration of internship. Supervision by a core faculty member is provided for the planning and execution of the project; collaboration with researchers beyond the Division of Psychology is possible at times. Presentation of the project and results at the end of the academic year during the LEND Research Day is expected.

An intern may participate in additional, ongoing research projects as his/her interests and time dictates. Opportunities to work on grant projects and/or participate in the generation of new grant proposals are available. Further, opportunities exist to develop or expand prior experience in the peer review process by participating in mentored reviews of manuscripts submitted to journals for possible publication. Opportunities to co-author review articles or book chapters are often available for interested trainees.

SUPERVISION

Interns receive a blend of live and traditional supervision from multiple supervisors across the training year (often from several at any point in time). Supervision is designed to further interns' professional development consistent with the program's goals, objectives, and competencies. Supervision includes clinical supervision, professional development supervision, and research supervision/mentorship. Combining all forms of supervision, interns regularly receive more than the required 4 hours per week of supervision including at least 2 hours per week of individual supervision from a psychologist licensed in Oregon.

1. Individual Clinical Supervision:

Interns have an individual supervisor for each of the following: major rotation, minor rotation, outpatient treatment provision, and placement (if clinical work occurs in this activity). The supervisor is likely to be a different person for each of those training activities, though there may be some overlap. Based on specific clinical training activities and faculty preference, supervision is likely to involve live observation and immediate feedback/supervision, traditional "meet and discuss" style, or a blend of both.

2. Group Supervision:

Group supervision occurs for 1 hour weekly from 10:15 to 11:15am on Thursdays. Group supervision emphasizes cases seen through the Trainee Led Clinic. The primary goal of group supervision is to foster clinical skill development as it pertains to intervention services. This includes fostering fluency in diagnostic determination, case conceptualization and treatment planning, implementation of theoretically and empirically grounded interventions, and ongoing patient progress evaluation. The structure of group supervision will also afford opportunities to refine one's skills in case presentation. Embedded in discussions will be advancement of the application of ethical principles and legal standards to clinical and professional situations.

As part of group supervision, interns are afforded opportunities to develop and refine some skills that will be useful as future supervisors. These include but are not limited to:

- A) Demonstrating the ability to give feedback (positive and constructive) to others in a manner that is clear and likely to positively affect learning from the recipient
- B) Guiding supervision discussion(s) about clinical, professional, legal, and/or ethical issues
- C) Demonstrating an ability to consider clinical, professional, legal, and/or ethical issues from the perspective of a supervisor rather than a direct provider

On the 2nd Thursday of each month, group supervision will be held with the Internship Training Director and Assistant Training Director of Internship. This will serve as a forum for discussion of professional identity and development, ethical decision making, pragmatic aspects of internship training, and other topics of interest to the intern cohort.

3. Research Supervision:

Each intern is paired with a primary research mentor who provides ongoing supervision and mentorship as it relates to research competencies. Supervision is tailored to specific career goals and existing skill sets of the intern.

In addition, Dr. Anna Wilson, the division's Research Director, is available for additional consultation and mentorship regarding research knowledge and skill development.

TRAINING EXPERIENCE/ROTATION CLOSURE

Major and minor rotation placements may be closed for a variety of reasons. This may occur when, for instance, a supervisor plans a prolonged absence; there is significant administrative reorganization occurring within the Division, the IDD, and/or Doernbecher Children's Hospital such that previously offered training opportunities are no longer viable; financial variables make it a hardship to the Division and/or IDD to continue a specific training program; the supervising psychologist position is vacant; a new psychologist has just arrived and needs time to acclimate to the setting prior to providing supervision for an intern; when interns find that a particular placement does not provide an adequate training experience; or when the Training Director or Chief Psychologist deem that a particular placement does not provide an adequate training experience.

When a rotation is to be closed, the supervisor involved generally makes the request for rotation closure. However, under some circumstances, the Training Director, Chief Psychologist, or an individual intern or the intern group initiate the request for rotation closure. The Training Director, supported by the Chief Psychologist, must consider all requests for rotation closure. The Chief Psychologist will be involved because requests for rotation closure involve both training and personnel matters. If the rotation is supervised by the Training Director, then the Chief Psychologist will take the lead on determining whether a rotation should be closed, including appointing an additional training faculty member within the Division to assist in decision making. If the rotation at risk of closure is supervised by the Chief Psychologist, then the Training Director will appoint an additional training faculty member to assist with decision making.

If a rotation is closed in response to complaints that the rotation does not provide a good learning environment, the Training Director's recommendation for rotation closure should include written specifics of the complaint. The supervisor of that rotation then has the responsibility to formulate a plan to remedy those problems, with the assistance of the Training Director and Chief Psychologist. Evidence of correction or sufficient improvement must be presented to the Training Director and Chief Psychologist before that rotation may be reopened.

EVALUATION PROCEDURES

Faculty members within the Division of Psychology are committed to our mission to provide excellent training to the next generation of psychologists through our doctoral internship program. A critical component of this is the exchange of feedback between supervisors regarding interns' performance across the broad spectrum of clinical and non-clinical activities that comprise the internship, and between supervisors and supervisees. To that end, a structured evaluation process is used to ensure adequate feedback is provided, and to document performance and progress of each intern.

SCHEDULE OF EVALUATION

1. Faculty evaluation of interns:

All faculty members within the Division of Psychology directly involved in the internship training program meet as a group at least monthly to discuss the training program and each intern's performance (more often if needed depending on individual trainee performance and progress). One of the goals of these monthly meetings is to share experiences among supervisors to evaluate performance across various contexts, and to identify areas of strength and weakness as early as possible. For trainees demonstrating weakness or concerning performance in particular areas, discussion emphasizes whether this performance deficit is localized to a particular activity or is more pervasive in nature. The meeting also serves as a setting during which faculty members make decisions regarding steps that should be pursued to address any deficits that are observed.

At the end of each rotation period (roughly every 4 months), supervising faculty members complete written evaluation of supervisee's performance for that period of time. For non-rotational experiences (e.g., treatment, research), feedback is obtained considering the rotation time frame. Evaluation is completed by the supervising faculty members and reviewed directly with each trainee, using one standardized form that specifically addresses program goals, objectives, and competencies. The completed form is also shared with the Training Director, who then provides summary feedback to each intern separately, incorporating all evaluation information. Interns are provided a copy of all written evaluation forms.

On the evaluation form, supervisors provide the date when they completed the evaluation. The intern and Training Director sign and date the form at the time of discussion of the information contained within the document. An intern is able to provide written documentation disagreeing with any specific rating or evaluative comment provided by a supervisor. That document should include:

1. Identification of the specific evaluation rating(s) and/or evaluative comments with which the intern disagrees.
2. A self-rating or evaluative comment, accompanied by an explanation for why the intern believes his/her rating is more accurate of demonstrated competency(ies).
3. A statement about whether the intern is simply documenting a disagreement or whether s/he is requesting that the Training Director and/or Assistant Training

Director to investigate the discrepancy and mediate the issue. Note, if the rating/evaluative comment was provided by the Training Director serving in a direct supervisor role, this form can be submitted to either the Assistant Training Director or Chief Psychologist.

4. Date that this form was completed.
5. Signature of the intern.
6. The following statement “I acknowledge that I have received this document” followed by a place for the signature and date received by the Training Director (or Assistant Training Director, Chief Psychologist).

This form will be retained in the intern’s official file along with the corresponding evaluation form completed by the supervisors.

2. Intern evaluations of faculty and experiences:

Interns are provided multiple opportunities to provide positive and constructive feedback regarding the training they receive. Formal written feedback is provided by interns after each psychology and interdisciplinary seminar.

At the end of each rotation, interns are afforded an opportunity to provide written feedback about their experience with individual supervisors regarding both the training experience generally and their supervision experience specifically. To ensure that the Training Director and Assistant Training Director are aware of and can respond to constructive feedback regarding individual faculty and/or the program, this feedback will be reviewed at the end of each rotation. Feedback regarding activities directly supervised by the Training Director will be reviewed by the Assistant Training Director; feedback regarding activities directly supervised by the Assistant Training Director will be reviewed by the Training Director. Written feedback will be shared with individual supervisors at the end of the training year.

Additionally, at the end of the training year, interns are asked to evaluate all aspects of the training program and to provide written ratings of how the opportunities fit within their expectations and how they contributed to their professional development. Interns are also again given the opportunity to provide written positive and constructive comments. These evaluation forms are shared directly with the Training Director and s/he provides summarized feedback to supervising faculty members.

EVALUATION FORMS USED

See **Appendix I** for specific details regarding the minimal levels of achievement and specific behavioral elements (i.e., expected performance) associated with each profession wide competence evaluation that serves as the basis of assessment of interns’ performance during the various training activities.

Forms used by interns to evaluate their supervisors and their training experiences are distributed throughout the year as appropriate.

TRAINEES WITH DISABILITIES

Our goal is that all interns are able to successfully complete the training program. While there are standard expectations, training activities, and requirements for all trainees, we recognize that supervision and mentoring is individualized to meet trainee's personal needs.

We also recognize that trainees with qualifying conditions may need formal accommodations to support successful completion of the internship program. Therefore, interns who believe they have needs that require accommodation are encouraged to seek this support as soon as possible.

Trainees are encouraged to discuss this issue with the Training Director at their earliest convenience. They are then to start the process of seeking accommodations by contacting the OHSU Affirmative Action & Equal Opportunity (AAEO) office (503 494-5148). While interns are technically not employees, this is the best office for our trainees to approach. When contacting that office, an intern should explain that s/he is coming to OHSU for a 1-year, full-time traineeship through the Institute on Development & Disability Psychology Internship and LEND program. If any questions come up about the program that the trainee is completing, the office staff should be directed to the Psychology Training Director. This office will help interns through the process of submitting a formal request for reasonable accommodation(s). Once determined, they will then partner with the psychology faculty to ensure the program successfully support any identified needs.

PROFESSIONALISM AND VALUES

Doctoral interns receive their training within an integrated academic medical setting and health care facility. As such, they are expected to approach learning, interpersonal, and clinical interactions at all levels in a manner that is consistent with such a professional atmosphere. Interns come to our training environment with diverse clinical, research, and professional training backgrounds and experiences. As a one-year internship, there is a quick learning curve expected in order for trainees to adapt to the training environment and culture. These expectations reflect broader competencies as outlined in the nine profession-wide competencies listed previously, particularly with regards to (a) Professional Values and Attitudes and (b) Communication and Interpersonal Skills, and will be included in regularly scheduled evaluations. In this section, information is provided to help interns adjust to expectations of our learning environment.

DIVISION OF PSYCHOLOGY VALUES

The IDD Division of Psychology recognizes shared essential values. These represent the overarching principles that guide and shape decision making, individual and division-wide activities pursued, interactions among members of the division and beyond, and education of new members of the division. They serve as a reference point for self-reflection and program enhancement for the internship program as well.

In no particular order, the Division's shared values are:

- We engage in work and service that is of the highest quality
- We prioritize ongoing learning and growth
- We create a positive work environment
- We take time for fun and family
- We value integrity and honesty
- We are flexible in our thinking and as a division
- We are better when we work together
- We aim to support diversity in our work

Faculty and trainings within the division are encouraged to engage in “value bombs”: public statements recognizing actions committed by someone that are reflective of or consistent with a specific value.

LEARNING APPROACH AT OHSU

Supervisory faculty within the Division of Psychology as well as other faculty staff at the IDD and OHSU have critical responsibility to promoting a healthy, engaging, and welcoming learning environment. All trainees, including interns, have shared responsibility in contributing to this environment. Included in this section are some concepts and action items for interns to consider as they contribute to the learning environment. These are consistent with the Division of Psychology Values and the internship program’s aim.

1. Training faculty and staff at the IDD, both within and outside the Division of Psychology, work hard to create a stimulating, challenging learning environment. Interns are also expected to contribute to this by:
 - a. Being engaged and active learners, through active participation including raising questions, sharing thoughts or ideas, or otherwise demonstrating engagement in the learning opportunity.
 - b. Note, trainee engagement is particularly important when a trainee may experience some type of learning experience as more foundational than desired. Our training program cannot account for the individual variability in trainee expertise, and thus we expect those with more sophisticated knowledge to elevate the training through engagement, questioning, and information sharing. Trainees are expected to help ensure that learning experiences are matched to their level of sophistication.
2. Trainees will work with a diverse training faculty and staff. As a result of this, they will work with or alongside with others who have different perspectives, opinions, philosophies, and personalities. Given this:
 - a. Trainees will have faculty disagree with them. Trainees will observe faculty disagreeing with each other or with others outside our division. We view disagreement as a healthy part of learning and professional activity, because it challenges one to look at assumptions, biases, and perspectives. Disagreement does not mean disrespect.
 - b. Interns may work with or alongside others with whom they have personality differences. Interns are expected to demonstrate skills at working effectively despite these differences. Significant conflicts or concerns about interactions are to be handled in a manner consistent with the OHSU Code of Conduct and the APA *Ethical Principles of Psychologists and Code of Conduct*.
3. Trainees are expected to demonstrate an open approach to learning via
 - a. Self-initiated learning to master areas of clinical and professional practice
 - b. Self-reflective and open approach to supervision and professional mentoring
4. Our training program (including the interdisciplinary program) works hard to make sure that expectations, requirements, and deadlines for activities are clear to trainees. Trainees are responsible to seek clarification if they are unclear and to ensure that they respond to all expected deadlines for projects across the various aspects of the training program.
5. OHSU is a setting rich with a multitude of learning opportunities above and beyond those that are formally part of the internship experience. Interns are encouraged to take advantage of these in a manner consistent with their training goals. When conflicts between required and optional training activities occur, interns are expected to prioritize required learning opportunities. Note, interns need to consult with the Training Director or Assistant Training Director of Internship prior to committing to an optional learning opportunity.

EXPECTED PROFESSIONAL BEHAVIOR

Interns are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-clinical. Based on that, general expectations for interns while completing all training related activities are as follows (note, list is not exhaustive):

1. Demonstrate respect for patients and their families
2. Demonstrate respect for colleagues, supervisors, staff, and other employees at OHSU
3. Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents)
4. Adhere to all OHSU policies and procedures regarding confidentiality
5. Complete all expected training activities as dictated by the Division of Psychology, IDD LEND Program, and/or OHSU
6. Be present at OHSU during normal business hours, unless otherwise arranged by the Training Director or Assistant Training Director
7. Wear OHSU name badge while on campus
8. Wear OHSU pager provided during normal business hours and respond to pages in a timely manner
9. "Ask, don't assume." In other words, always take the approach of checking with either the Training Director, Assistant Training Director, or other relevant faculty members about specific issues about which one is unclear (e.g., working from home, taking time off)
10. Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association (i.e., *Ethical Principles of Psychologists and Code of Conduct*).

Note, all interns are expected to adhere to the OHSU Code of Conduct, which can be accessed at <http://www.ohsu.edu/xd/about/services/integrity/policies/coc.cfm>.

PROFESSIONAL APPEARANCE

OHSU maintains a Professional Appearance Policy to which all employees and students/trainees are expected to adhere. While generally speaking common sense prevails, specific details are located at <https://ohsu.ellucid.com/documents/view/102>. Highlights include:

1. No colognes, perfumes, or strong body lotions when in patient care areas (likely best to avoid in any setting at OHSU)
2. No open-toed shoes when in patient care areas
3. Wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, jeans, or other similar casual clothing
4. Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others

When in doubt, discuss clothing options with a supervising faculty member or the Training Director/Assistant Training Director. Faculty members and staff at OHSU and IDD reserve the right to request that interns return home to change clothing should attire be deemed inappropriate. Repeated concerns about adherence to the Dress Code may be grounds for disciplinary action.

INTERNS AND THE USE OF SOCIAL NETWORK/MEDIA SITES

Given the current technological landscape, it is likely that some interns may utilize various social media outlets (e.g., Facebook, Twitter, blogs) to communicate with others. Interns are expected to be conservative in how they represent their activities and training, as well as the training institution and supervisors, via social media outlets.

Using the APA *Ethical Principles of Psychologists and Code of Conduct* as a guide, interns must avoid any descriptions of training activities that involve confidential information when using social media outlets. Further, consistent with OHSU's policies, interns may not provide web-links from their social media sites to any formal OHSU web-site without expressed permission from the Training Director, documented in writing. In any and all communications via social media, interns are to ensure that they document clearly their status as trainees and their roles within clinical and non-clinical endeavors. Reasonable effort must be taken to avoid depictions that could be interpreted as indicating advanced or independent practice beyond the scope of internship training. For example, phrasing such as "in my professional work with Dr. XYZ, I am doing . . ." should be avoided because it implies equivalence among the intern and the licensed psychologist. Instead write a statement such as "in my supervised work as an intern, I am doing . . ." Any confidential or proprietary information (e.g., client information, intellectual property) is not to be discussed or referred to on such sites, even in private messages between site members who have authorized access to the site. Finally, interns are not to use social media outlets to raise issues of concern/grievance that should be addressed directly with training supervisors; doing so is unprofessional and inconsistent with APA ethical principles and guidelines. Any personal posts/blogs should make it clear that the opinions expressed are solely those of the author and do not represent the views of OHSU or its representatives. Interns are to review the OHSU's Social Media Usage Policy and adhere to all policy guidelines: <https://o2.ohsu.edu/communications/channels/social-media.cfm#some1>.

Any information posted on the internet is public information. Members of the psychology faculty may peruse public social media outlets authored by interns to ensure that interns are adhering to the intent of this guideline. Violations of this policy may result in disciplinary action, up to and including termination from the internship training program.

PROGRAM COMPLETION REQUIREMENTS

To successfully complete the doctoral internship, interns must meet the following requirements by the end of the training year:

1. Achieve stated minimal levels of achievement by the end of internship (see **Appendix I**).
2. Be in good standing free from active remediation plan. If an intern was placed on remediation during the course of the training year, the issue(s) leading to remediation must be successfully resolved for program completion.
3. Complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.
4. Complete all necessary LEND Program and Division of Psychology exit procedures.

REMEDICATION, TERMINATION, AND FAILURE TO COMPLETE TRAINING PROGRAM

The goal of the Division of Psychology faculty members is that all individuals selected to participate in our doctoral internship program do so successfully by meeting at least minimal level of competence in all core areas. We also recognize that it is our responsibility to evaluate whether trainees are demonstrating sufficient performance such that they are making adequate progress toward becoming independent psychologists. We take this responsibility seriously, as we view internship as the last opportunity prior to graduation to determine if someone is demonstrating requisite clinical and professional skills commiserate with the educational degree to be awarded.

While our efforts and practices focus on ensuring success of interns, there are instances in which intern performance is judged as sufficiently impaired and/or problematic in one or more critical areas of functioning to raise concerns that an individual may not successfully complete the training program. In these situations, faculty take active steps to collectively identify specific area(s) of deficit, develop specific goals for remediation, and identify strategies for remediation.

Determination of inadequate and/or problematic performance by an intern can be established individually by a particular supervisor or collaboratively via discussion and evaluation by a quorum of faculty members working directly with the intern whose performance is in question. **Note**, performance by an intern in one specific training activity may be deemed sufficiently inadequate and/or problematic to result in formal actions by the program.

Based on faculty evaluation of an intern, the following possibilities may occur when inadequate and/or problematic performance is identified:

- 1) Meeting between the individual supervisor with concerns regarding intern's performance and the intern to discuss areas of relative poor performance and strategies for addressing those weaknesses.
- 2) Meeting between the individual supervisor who has concerns regarding intern's performance and the intern that results in a plan of action for addressing areas of deficit.
- 3) Development of a formal Remediation Plan, facilitated by the Training Director or Assistant Training Director in collaboration with faculty member(s) directly supervising the trainee.

REMEDICATION PLAN

If/when a formal Remediation Plan (i.e., a plan facilitated by the Training Director or Assistant Training Director) is warranted, the plan will include the following components individualized to the specific trainee issues:

- 1) Indication of observed strengths/capacities of intern.

- 2) Specification of areas of concern regarding inadequate, insufficient, and/or problematic performance on the part of the intern. This will include objective, behavioral examples of the concern(s).
- 3) Specification of steps that must be taken by the intern to attempt to address his/her relative weaknesses. This will include specific activities that must be completed by the intern as well as strategies that will be used by faculty members to assist with remediation, as appropriate.
- 4) Specification of procedures to be used to evaluate progress toward remediation, as well as specific feedback mechanisms and timelines.
- 5) A date for re-evaluation of intern's performance and determination of whether performance warrants:
 - a) removal of remediation plan,
 - b) revision and/or extension of remediation plan, or
 - c) termination of the intern from the program.

The Training Director will communicate formally in writing with the representative faculty member(s) at the intern's home doctoral program about the development of the Remediation Plan, and will provide a written copy of the final remediation document and any subsequent iterations of that plan. Further, formal documentation will be provided to the intern's home doctoral program regarding the removal of a remediation plan.

TERMINATION

Termination of an intern from the training program will occur when a trainee's performance has been deemed sufficiently deficient and/or problematic that his/her continuation in the program is likely to place consumers of services through the sponsoring agency at sufficient risk and/or when there is a clear indication that continued attempts at remediation are unlikely to resolve areas of concern. Deficient performance warranting termination may include deficiencies in multiple areas of professional practice or sufficiently egregious performance in one professional domain so as to have serious concerns about the intern's competence.

Termination will only be considered when:

- 1) A formal Remediation Plan had been developed and executed (but see exception listed in # 4 below).
- 2) Faculty members had fully supported the implementation of the Remediation Plan by utilizing strategies and evaluation measures and timelines specified in the plan.
- 3) A quorum of faculty members directly supervising the intern agree that the intern's performance remains deficient and represents deficiency in multiple critical areas of functioning or serious deficiency in one core area of functioning.
- 4) Regardless of whether a Remediation Plan has been developed or is actively in place, the Division of Psychology faculty members reserve the right to terminate an intern from the training program if his/her actions constitute a major breach of applicable ethical principles, legal standards, and/or OHSU-specific policies governing the practice of psychology, pursuant to inter-university agreements established between OHSU and interns' home universities.

If an intern is terminated from the internship program, the Training Director will inform the appropriate faculty member representative(s) from the intern's home doctoral program in writing that this action has been/will be taken. Further, the Training Director will provide the representative with all documentation used to support this decision.

INTERN APPEAL/DUE PROCESS PROCEDURES

Should the members of the faculty of the Division of Psychology decide that a student be terminated from the internship program prior to the end of the training year, said intern may file a formal appeal of that termination. Should this occur, interns are to follow the OHSU procedures as outlined in **Appendix II**.

FAILURE TO COMPLETE THE INTERNSHIP

The most likely processes leading to termination of an intern is described in the "Remediation Plan" and "Termination" sub-sections above. However, there may be instances when deficiencies in performance and/or egregious actions are identified at times during the training year that prevent execution of a formal remediation plan. Specifically, serious concern(s) about an intern's performance may be identified during the final rotation of the training year, or lack of progress regarding previously identified deficiency may be observed during that time period. The Training Director will communicate to the trainee as soon as possible that a decision has been made by the training faculty to deem the intern as unsuccessful in completing the internship training. Depending on the nature of the performance problem that leads to the decision, the intern may or may not be allowed to continue training activities until the official end of the internship training year.

As soon as the training faculty decides that an intern will not successfully complete the internship, this will be shared in writing with the intern and the appropriate representative from the intern's home doctoral program. This documentation will include:

- 1) Specific area(s) of problematic and/or deficient performance warranting the decision.
- 2) Formal statement that the intern has failed to successfully complete the internship, regardless of whether the training continues until the end of the training year.

GRIEVANCE PROCEDURES

Interns have the right to file a grievance against individual members of the faculty or against the entire training program. Such grievances must be submitted in writing within 15 days of the incident(s) that serve as the foundation of the grievance; if an intern could not have reasonably known about the event(s) that are the basis for the grievance, the intern must submit the grievance within 15 days of becoming aware of the information.

All formal written grievances must be submitted in writing to the Training Director of the Division of Psychology. Should the Training Director be the focus of the grievance, a trainee must file his/her grievance with either the Assistant Training Director for Internship or the Division's Chief Psychologist. If an intern is filing a grievance against the entire training program, then s/he is to file the grievance with the Department of Pediatrics Vice Chair of Education.

In filing a grievance, interns must include the following information:

- 1) Specific date(s) of incident(s) leading to the grievance.
- 2) Description of incident(s) leading to the grievance. This should include:
 - a) Specific people involved, including witnesses or bystanders
 - b) Setting in which the incident(s) occurred
 - c) Specific description of the actual event(s), including timeline
- 3) Steps the intern has already taken to address the incident(s) (e.g. consulting with primary supervisor and/or Training Director)
 - * Note this expectation is included because, according to the ethics code of the American Psychological Association, individuals should first attempt to resolve disputes directly with the individual involved.
- 4) Action steps desired by the party filing the grievance.

Any individual receiving a written, formal grievance (i.e., Training Director, Assistant Training Director of Internship, Chief Psychologist, Department of Pediatrics Vice Chair of Education) will act in the following manner:

- 1) Within 5 business days of receipt of formal written grievance (complete with all required information), meet with the person filing the grievance to discuss the incident(s) further.
- 2) Within 5 business days of meeting with the individual filing the grievance, discuss the formal grievance with others who are relevant to addressing the concern (e.g., the Training Director will review grievance with the Chief Psychologist).
- 3) Within 10 business days of meeting with the person filing the grievance, meet with any witnesses and/or bystanders to gain information about their perception of the incident(s).

- 4) Work with IDD and OHSU administration to address any specific personnel issues that are raised by the grievance.
- 5) Develop a formal, written document stating the outcome of the grievance investigation, including any specific action steps that will be taken to address the content of the grievance. This document will be shared with the grieving party and include an option for the party to indicate that the issue has been resolved in a manner that is either satisfactory or unsatisfactory.
 - a. If the person filing the grievance is not satisfied with the program's initial response, s/he must indicate in writing a) the reasons the outcome was not satisfactory and b) additional steps that are requested be considered by the program. This is to be submitted to the Department of Pediatrics Vice Chair of Education, who will serve as arbitrator to attempt resolution.

Steps will be taken to ensure that an intern does not experience any retaliation or negative repercussions as a result of filing the grievance. This may include, but is not limited to, facilitating a formal resolution plan between the intern and supervisor(s)/staff involved, reassigning supervisor(s), and/or collaboratively working with the intern to evaluate whether a change in the training plan would address the grievance while simultaneously meeting the program's and intern's training goals.

STIPEND AND BENEFITS

STIPEND AND FINANCIAL SUPPORT

The Division of Psychology internship program is supported by a variety of sources. Specific financial support is provided by a training grant and contracts with internal and/or community partners for placements. Financial support is provided in the form of a stipend. The total financial support for interns during the 2018-2019 training year, considering all sources of support, is \$28,352.

Receipt of a stipend versus salary has different tax implications. For more information about this, please see **Appendix III**.

MEDICAL BENEFITS

Interns receive an additional contribution to their monthly stipend (which is included in the stipend amount listed above) to be used toward the cost of purchasing medical insurance. Proof of medical insurance must be provided to Nicole Valdivia-Nava by initiation of training, and must be maintained throughout the course of training.

LEAVE TIME

Interns receive 10 days of personal leave and 10 days of professional leave. Personal leave time includes scheduled vacations *and* sick time. Interns who experience health conditions that necessitate extended leave need to discuss this issue directly with the Training Director to determine approaches to address the impact of this on training.

Professional leave is available for activities that directly relate to completion of graduate school responsibilities, research, and/or professional development and progression. Examples of activities that are appropriate for use of professional leave time include, but are not limited to, returning to home university to collect dissertation data or defend dissertation, presenting research at a conference, attending a specialized training conference, and interviewing for a post-doctoral fellowship or professional position. Extending professional leave to engage in personal leisure activities requires use of both professional and personal leave time. Questions regarding whether a specific activity is appropriate for consideration as professional leave should be directed to the Training Director and Assistant Training Director. All vacation and professional leave time needs to be approved by both the specific faculty member(s) supervising the activities affected by the absence and the Training Director.

In order to access leave time for planned absences (e.g. planned vacation, planned conference attendance), trainees must complete the Leave Time Request Form (see **Appendix IV**; note, a copy of this form is saved on the OHSU x:drive so that an electronic copy is accessible to trainees). This must be submitted via email to the Training Director no less than 2 weeks prior to the planned leave time. Because absences may impact training in a time-limited rotation, notification (to the Training Director, Assistant Training

Director, and rotation and other supervisors) of leave time as early as you are aware of it is preferable. In the event of non-planned leave (e.g., illness), interns are expected to communicate immediately to supervisors and the Training Director, and to complete and submit the form as soon as is reasonably possible.

ADDITIONAL BENEFITS

In addition to the benefits described above, interns will receive a pass for use of Portland public transportation paid for by the IDD Training Program.

CLERICAL AND TECHNICAL SUPPORT

Interns have available to them various clerical supports for the successful completion of their training year.

TRAINING RELATED SUPPORT

The LEND Program Project Coordinator, Nicole Valdivia-Nava, serves as the primary administrative contact for all LEND trainees, including psychology interns. She assists with all non-clinical activities associated with completing the doctoral internship. She is housed in the IDD building office # 3240; her telephone number is (503) 494-2734 (4-2734 from a campus phone).

CLINICALLY RELATED SUPPORT

Interns' clinical activities occur in conjunction with psychology faculty members. As such, the same individuals who support faculty clinical activities support trainee clinical activities. Specific individuals managing these supports change from time to time. Check with the Training Director, Assistant Training Director, or direct supervisor(s) regarding specific contact information during the training year.

Clerical support covers the following areas:

- a) Intake and scheduling of patients
- b) Insurance authorization (managed care office)
- c) Coding and billing

COMPUTER AND ELECTRONIC MEDICAL RECORD SUPPORT

All faculty, staff, and trainees at OHSU have access to information technology (IT) support for activities and equipment related to their specific responsibilities. If calling from a campus telephone, the main support number for the university is 4-2222, option 1 for computer support, option 2 for assistance with the OHSU electronic medical record.

STATEMENT OF NON-DISCRIMINATION

No participant, employee, student, beneficiary, or potential beneficiary of the Oregon Health & Science University shall be discriminated against on the basis of age, color, handicap, marital status, national origin, race, religion, or sex. For such matters, direct inquiries to Mariann Hyland, JD, OHSU Director of Affirmative Action and Equal Opportunity Office at (503) 494-5148, or to the Office of Civil Rights, Washington D.C., 20201.

Interns placed at OHSU who feel they need accommodation for a specific disabling condition are encouraged to communicate with the OHSU Affirmative Action & Equal Opportunity (AAEO) office (503 494-5148 or 4-5148 from a campus phone). This office will complete an evaluation and determination of accommodation in consultation with the trainee and the Training Director. Trainees are encouraged to be candid and open with the Training Director and Assistant Training Director about accommodation needs as they feel comfortable. The program's goal is to take appropriate steps to ensure appropriate training with reasonable accommodations.

DOCUMENTING TRAINING EXPERIENCE

Doctoral interns who complete their training at IDD are likely to go on to varied post-degree training and/or professional experiences, including pursuing licensure to practice as a psychologist. The level of detail regarding documentation of training experience as a doctoral intern varies greatly across positions and professional jurisdictions for licensure.

To create a record of training, interns are expected to complete documentation of clinical and non-clinical activities weekly using an Excel spreadsheet provided by the program. This spreadsheet is stored on the X:drive under the following path:

X:\OHSU Shared\Restricted\cdrc\Psychology CDRC\Training Program\Intern Hour Tracking Sheets\YEAR_OF_INTERNSHIP.

Excel spreadsheets are reviewed by the Training Director or Assistant Training Director for Internship periodically for completeness and to identify any potential issues (e.g., potentially excessive number of hours of training completed, not receiving sufficient supervision).

Interns are reminded that documented hours of supervision include clinical supervision, professional development supervision, and research supervision/mentorship. Further, in addition to supervision by licensed psychologists, it may include supervision from other professionals who are appropriately credentialed for the scope of work they are supervising. If an intern is concerned that s/he is not receiving at least the required amount of supervision weekly (4 hours total, 2 of which must be individual supervision with a licensed psychologist), s/he should talk with the Training Director or Assistant Training Director immediately.

MAINTENANCE OF RECORDS BY PROGRAM

At a minimum, the program stores the following records related to interns' experience:

- 1) Training experiences
- 2) Formal, written evaluations
- 3) Evidence of successful completion

Interns are encouraged to maintain copies of all records associated with their experience, including their application materials, offer letters, written evaluations, evidence of successful completion (e.g., certificate of completion).

The program also stores information and records of all formal complaints and grievances of which it is aware that have been submitted against the program or an individual associated with the program.

APPENDICES

APPENDIX I

Supervisor Evaluation of Intern

EVALUATION FRAMEWORK

The goal of internship, as defined by current accreditation guidelines, is to assist in preparing interns for entry level to practice (recognizing that in many jurisdictions, postdoctoral supervision is required for licensure). The internship at the Institute on Development & Disability, OHSU, emphasizes training in one broad aim, nine profession-wide competencies as specified in the SoA, and multiple behavioral elements associated with each competency. Further, clinical training is organized into 3 separate rotation periods, and the expected level of trainee performance and sophistication increases over the course of the year.

A single evaluation form addressing each of profession-wide competencies is used to provide formal feedback to interns at the end of each clinical rotation; feedback is also provided for non-rotational experiences at these time points. Intern performance for each specific behavioral element during each core training activity is completed separately by the appropriate supervisor and is averaged to provide a numerical representation of performance for each competency. Core training activities include major rotation, minor rotation, treatment provision, research, placement, and "general" to capture performance in various other contexts (e.g., tiered supervision, group supervision, journal club, psychology seminar); note, "NA" is provided in the "general" category when evaluation of performance is covered by ratings in other training domains. To meet the minimum level of performance expected to successfully complete the internship, interns must achieve a mean of "6" for each competency with no ratings by an individual supervisor on specific behavioral elements below "4" by the end of the training year.

The following rating scale is used when evaluating interns' performance over the course of training year:

Practicum Level	Intro to Internship	Mid-Internship	Entry to Practice	Advanced Practice
1	2	3	4	5
6	7	8		
<ul style="list-style-type: none"> • Basic theoretical & technical knowledge • Requires significant guidance 	<ul style="list-style-type: none"> • Requires guidance most often • Able to articulate theoretical & technical knowledge and how it applies to professional situations 	<ul style="list-style-type: none"> • Demonstrates increasing independence in decision making • Able to identify areas of weakness and plan for growth 	<ul style="list-style-type: none"> • Independent in routine clinical & professional decisions • Seeks supervision for unique/challenging situations • Limited, focused areas of weakness 	<ul style="list-style-type: none"> • An independent expert • Sufficiently skilled to teach/train others

Triggers for Remediation:

- (a) Mean score ≤ 2 for a competency by end of 1st rotation would trigger remediation
- (b) Mean score < 4 for a competency by end of 2nd rotation would trigger remediation

Note, remediation occurs if $> 30\%$ of supervisor ratings are below expected level of performance at the behavioral element level (i.e., specific statements of expected performance listed on the evaluation form) even if criteria (a) or (b) are not met. See the previous section of the Training Manual for details regarding remediation processes.

Supervisors' Approach:

As one component of calibrating supervisory ratings of intern performance, supervisors utilize a visual framework to consider what is required of them in supervision:



Profession Wide Competencies and Associated Behavioral Elements:

- I. Research
 - a. Demonstrates ability to critically evaluate research pertinent to professional activity
 - b. Effectively disseminates research information to others (e.g., journal club discussions, presentation of research findings)
 - c. Demonstrates skills necessary to produce new knowledge through scientific method, including skills to appropriate “products” (e.g., presentation, poster, manuscript)
- II. Ethics and Legal Standards
 - a. Demonstrates knowledge of *APA Ethical Principles of Psychologists and Code of Conduct*
 - b. Acts in a manner that is consistent with the *APA Ethical Principles of Psychologists and Code of Conduct* across professional interactions and roles
 - c. Recognizes ethical dilemmas and applies appropriate clinical decision making to resolve those dilemmas
 - d. Engages in professional activities in a manner consistent with the policies of the training setting and with Oregon laws and statutes related to the practice of psychology
- III. Individual and Cultural Diversity
 - a. Demonstrate an understanding of how one’s personal background and culture may affect one’s understanding of and interaction with individuals who are of differing backgrounds
 - b. Demonstrates knowledge of current theoretical and empirical knowledge base related to diversity and individual differences
 - c. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional activities, and demonstrates the ability to work effectively with a range of diverse individuals
- IV. Professional Values and Attitudes
 - a. Demonstrates integrity, professional deportment, accountability, and concern for the welfare of others, including colleagues, supervisors, supervisees, and recipients of professional service
 - b. Demonstrates ability to engage in self-reflection regarding one’s personal and professional functioning and skills
 - c. Engages in actions to improve performance and effectiveness
 - d. Demonstrates openness and responsiveness to feedback and supervision
- V. Communication and Interpersonal Skills
 - a. Demonstrates effective interpersonal communication skills and successfully maintains relationships with a wide range of individuals (e.g., colleagues, supervisors, supervisees, recipients of professional service)
 - b. Produces written communications that are informative, well integrated, and appropriate for intended audience
 - c. Engages in verbal and nonverbal communication that is informative, well integrated, and appropriate for intended audience
 - d. Demonstrates the ability to effectively comprehend oral, nonverbal, and written communications, including a thorough grasp of professional languages and concepts relevant to the practice of health service psychology

- e. Demonstrates the ability to effectively navigate challenging interactions, by demonstrating professional verbal, nonverbal, and written communications with others

VI. Assessment

- a. Selects and applies assessment methods that draw from the best available empirical literature and are appropriate for the assessment task
- b. Obtains and integrates relevant data from multiple sources and methods as appropriate for the identified goals and questions of the assessment
- c. Interprets assessment results in a manner that is consistent with current research and professional standards
- d. Utilizes assessment information for accurate classification/diagnosis and effective case conceptualization
- e. Develops treatment recommendations that are grounded in assessment results
- f. Communicates information about assessment findings in a manner that is both accurate and effective with a range of audiences in the following formats:
 - i. Verbal communication
 - ii. Written communication

VII. Intervention

- a. Develops intervention plans that utilize evidence-based strategies informed by scientific literature, assessment findings, patient characteristics, and contextual variables
- b. Modifies and adapts intervention approaches when clear evidence-base is lacking (e.g., when intervention has yet to be tested with specific patient populations or in certain clinical contexts)
- c. Implements methods for evaluating intervention effectiveness, and adapts intervention goals and methods consistent with evaluation outcomes

VIII. Supervision

- a. Demonstrates knowledge of supervision models and practices
- b. Demonstrates effective implementation of supervision practices, including mentoring and monitoring the development of competence and performance of others
- c. Provides effective positive and constructive feedback well matched to the recipient's role, professional activities, and training level

IX. Consultation and Interprofessional/Interdisciplinary Skills

- a. Demonstrate knowledge of and respect for roles and perspectives of other professions
- b. Demonstrate ability to effectively consult with medical and allied health professionals, including understanding the unique role and perspective of psychology in a multidisciplinary setting
- c. Meaningfully contributes to interdisciplinary clinical case staffings and/or collaborative projects

The specific evaluation form used can be found on the OHSU secure x:drive: X:\OHSU Shared\Restricted\cdrc\Psychology CDRC\Training Program\2018-2019 docs

APPENDIX II

OHSU Grievance Policy

CHAPTER 2 - STUDENT AFFAIRS

STUDENT DISMISSAL, GRIEVANCE AND APPEAL PROCEDURE No. 02-30-050

**Effective Date: October 25, 1996; Revised March 7, 2001;
February 7, 2002**

1. Dismissals

A. OHSU schools and programs shall establish written dismissal, suspension and other policies and obtain the Provost's approval of such policies.

B. A student may be dismissed, suspended or otherwise affected under procedures established by the student's school or program.

2. Grievances

A. Each School and program shall establish grievance procedures and obtain approval of them by the Provost.

B. A student may grieve actions as determined by a student's school or program.

3. Right to Appeal

A. A student may appeal from a final dismissal, suspension, requirement to repeat a year of courses, or a final grievance decision by the student's school or applicable program to the Provost. Appeals to the Provost shall be filed in the Office of Student Affairs and may only be made upon the following grounds:

(1) The school or program failed to follow established procedures with respect to the decision appealed from and the error resulted in prejudice to the student;

(2) New material information is available that could not have been presented at the time of the proceedings at the school; or

(3) The decision is in conflict with applicable laws, rules or OHSU policies.

B. Appeals to the Provost shall be in writing only and the appeal must be submitted within thirty days of the student's notification of the school or program's decision.

C. The Provost may appoint an advisory committee to review the appeal. If appointed, the committee shall consist of four faculty members consisting of one faculty person each from the Schools of Medicine, Dentistry, Nursing and the OGI School of Science and Engineering. The committee shall review the appeal of the case and make a recommendation to the Provost within thirty days of the date the appeal is received by the Office of Student Affairs.

D. The Provost shall review the matter within ten working days of the date of the recommendation if an advisory committee is used, and within thirty days otherwise, and notify the student of the decision. The decision of the Provost is final.

4. OHSU Policy No. 02-30-075 and 02-30-090 are repealed.

Background:

- OAR 580-22-045
- Policy No. 02-30-075, repealed 2/7/02
- Policy No. 02-30-090, repealed 2/7/02

Related policies, procedures and forms:

Responsible office: Office of Student Affairs

APPENDIX III

Stipend and Taxes

TRAINEE STIPEND & TAXES

Most long-term trainees of the Oregon LEND Program, including Psychology Interns, receive a monthly stipend rather than hourly or salary-based income as an employee. Stipend amounts vary across disciplines and training positions based on a variety of factors, including amount of time devoted to LEND training per week, as well as number of months of the training experience.

Below is some information about the trainee stipend and its relation to federal and state taxes:

- Because funds distributed are in the form of a stipend, rather than hourly pay or salary compensation, OHSU does not deduct federal or state taxes.
- Stipend payments are considered taxable income.
- At the end of the calendar year, each trainee who receives a stipend will be provided with a 1099-Misc Income form to be used for tax filing purposes.
- The tax rate that will be applied to any individual trainee's stipend earnings varies based on a host of variables (e.g., other income, filing status).
- The Division of Psychology and Oregon LEND Program strongly encourages trainees to plan ahead for the possibility of needing to pay federal and state taxes at the end of the calendar year. As information only, and NOT as an indication of the rate any specific trainee may have to pay, for Calendar Year 2018, a single person earning between \$9,576 and \$38,700 would fall in the 12% Federal income tax bracket.
- Consultation with a tax professional may be beneficial. Beyond typical personal deductions, it is possible that there may be educational deductions available. Faculty and staff associated with the Oregon LEND Program are not sufficiently knowledgeable to provide tax advice beyond the above guidance, as it is outside the scope of our practice and expertise.

APPENDIX VI

Leave Time Request Form

Leave Time Request Form

Trainees wishing to access personal or professional leave time for planned absences (e.g., vacation, dissertation defense) must complete and submit this form to the Training Director via email no less than 2 weeks (10 business days) prior to the first day of leave. Note, leave is not approved until it has been acknowledged by the Training Director.

Type of Leave

Professional leave:

Dates from _____ to _____ for a total of _____ days

Personal leave:

Dates from _____ to _____ for a total of _____ days

Supervisor Approval

As part of the process of requesting leave time, trainees must discuss the request with each supervisor who is involved in the activity(ies) the trainee will miss (e.g., major rotation supervisor, treatment supervisor). If the leave time interferes only with scheduled didactics and/or administrative activities (e.g., report writing, clinical preparation), then permission is sought from the Training Director. The trainee must obtain the signature or initials of each relevant supervisor.

Supervisor Name

Supervisor Initials/Signature

Supervisor Name

Supervisor Initials/Signature