



Jane Pauley
Community
Health Center

Psychology Internship Manual

2024–2025



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Overview

The Jane Pauley Community Health Center (JPCHC) was established in 2009 with generous support from the Metropolitan School District of Warren Township, Community Health Network, and the Community Health Network Foundation. It is named after Jane Pauley, a 1968 Warren Central High school graduate who grew up in the area and is well-known as the former anchor of NBC TV's Today and Dateline Programs. She currently hosts "CBS Sunday Morning."

In 2011, The Jane Pauley Community Health Center was awarded Federally Qualified Health Center (FQHC) status by the Health Resources and Service Administration (HRSA). This recognition allowed The Jane Pauley Community Health Center to serve more patients and expand its services. Now, The Jane Pauley Community Health Center has 14 sites in four Indiana counties, offering care to patients of all age groups, nationalities, and backgrounds.

The Jane Pauley Community Health Center offers integrated healthcare to any and all individuals and families, regardless of insurance status. We offer primary care, pediatrics, OB/GYN, behavioral health, and dental services for adults and children. Our services include preventive care and annual exams, well-child checks, acute care, and certain procedures. Our providers also focus on the management of chronic diseases, such as diabetes, cardiac disease, and depression.

Program Philosophy

The doctoral Internship Program seeks to prepare interns for assuming a role in the rapidly changing world of health service psychology. Using the Practitioner-Scholar model, the interns are encouraged to learn-by-doing in a setting that allows for and emphasizes self-reflection and mentoring. While many students have excellent preparation through both educational and practicum experiences, the Internship is meant to provide a first immersive experience into integrated behavioral health in a Federally Qualified Health Center. This experience involves contact with a diverse population of patients. The program focuses on service delivery, clinical practice, and helping interns progress through the various phases of professional development. The primary goal is to train interns to be ready for autonomous professional practice upon graduation. We emphasize that interns become educated consumers of clinical research by using didactics and other forms of learning. This encourages interns to think critically, evaluate research findings, and apply them within the clinical context. Interns are encouraged to explore and grow by identifying areas in which they want to expand their knowledge and practice within the scope of this setting. Interns are provided feedback by both supervisors and peers regarding their work (e.g., feedback provided on recorded sessions). Through the use of the Integrated Behavioral Health model of service, trainees will become well-versed in providing individual, family/couples, and group psychotherapy, completing assessments to aid in the diagnosis and provision of integrated services by medical and behavioral health providers, developing skills in consultation with medical providers, treatment planning/case conceptualization, and providing supervision to practicum students from local universities. Furthermore, trainees are afforded the opportunity to provide individual and group services and consultation to students, faculty, and administrators at a local school corporation that partners with JPCHC in order to immediately meet the needs of students living in a rural underserved community.

While the landscape of clinical practice in psychology consistently evolves, the program emphasizes two core clinical skills that are required for practicing psychologists. First, psychologists must be proficient diagnosticians who are able to provide a comprehensive assessment of psychological concerns and formulate an appropriate treatment plan. Second, psychologists must be flexible in their ability to provide treatment to a wide range of presentations with diverse populations. Collectively, this produces a provider who is effective in both psychological assessment and psychotherapeutic approaches. Although training

occurs within the integrated behavioral health setting of a community health clinic and through administering school-based services, interns receive generalist training that allows them to further specify in a range of areas while completing their internship experiences.

Training Aims

The aim of the Internship is to train psychologists to provide integrated behavioral health services in medical settings and school-based settings. The JPCHC Internship provides interns with a range of training opportunities housed within a Federally Qualified Health Center. This provides opportunities for interns to hone their skills in the setting of Integrated Primary Care and gain knowledge in the area of health psychology practices. Additionally, interns are able to gain knowledge on how to collaborate with school-based partners to deliver quality care. Clinical opportunities in both short-term, solution-focused approaches, and in-depth, longer-term psychotherapy with diverse populations are provided. Interns are trained to function as competent early career psychologists who are prepared to work in a range of clinical areas including primary care, hospitals, private practice, and other practice settings.

Specific competencies must be met for such practice and are associated with the American Psychological Association's (CoA Standards of Accreditation) Profession-Wide Competencies, which are listed below. We aim to train interns to reach related goals detailed with each area of competency.

- 1) **Research:** We train interns to identify and evaluate relevant scientific literature and apply research to their clinical practice of psychology. Interns are encouraged to engage in discussions about research with their supervisor and peers by including scholarly information in case conferences. Interns are further encouraged to present their research from outside settings (e.g., share publications and poster presentations presented at the local, regional, and national level).
- 2) **Ethical and legal standards:** Interns are trained to enhance and deepen their knowledge and application of ethics and law and apply this knowledge skillfully. Interns collaborate with their supervisors to critically evaluate safety concerns, and to formulate ethical strategies to address such concerns.
- 3) **Individual and cultural diversity:** Interns are trained to reflect on their personal and cultural history and attitudes. Interns are challenged to explore and address any biases with their supervisor to identify how they may affect, understand, and impact people different from themselves. Interns are trained to integrate their understanding of cultural differences into their work with patients whose world view and group membership may create conflict with their own views.
- 4) **Professional values, attitudes, and behaviors:** Interns are trained to reflect on their professional behavior and manage their reactions appropriately. Interns are trained to work in an organized and efficient manner that is required to successfully provide treatment in the setting of an FQHC.
- 5) **Communication and interpersonal skills:** Interns are trained to engage professionally with their treatment team, supervisors, peers, and outside referral agencies. Interns are trained to communicate openly and address sensitive issues, and to utilize supervision time in an appropriate and productive manner.
- 6) **Assessment:** Interns are trained to administer, score, and interpret psychological tests. We train interns to provide nuanced diagnoses and effectively communicate assessment results to patients and medical team for the purposes of providing integrated care.
- 7) **Intervention:** Interns are trained to develop and establish effective therapeutic relationships, individualized case conceptualizations, appropriate treatment goals, and the ability to assess treatment progress in individual and group settings. We also train interns to utilize evidence-based approaches and modify them as needed to address individual and cultural treatment needs.

- 8) **Supervision:** Interns are trained to demonstrate foundational skills and supervision through the provision of peer supervision to practicum students. Interns are expected to provide one half hour of individual peer supervision per week, while practicum students are contracted with the agency. Further supervision and knowledge are provided through group supervision and didactics.
- 9) **Consultation and interpersonal/interdisciplinary skills:** We train interns to demonstrate knowledge of interdisciplinary skills through direct consultation with the medical team and other members of the patient's treatment team. Given the setting, interns are trained to consult with medical providers early and often.

Accreditation Status

The JPCHC Internship is not accredited by APA at this time.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Clinical Experiences

Two interns will be accepted for the training year. The training year is defined as 52 weeks and the completion of 2000 hours of training. Interns will begin their training experience in August and complete their training in August of the following year. Interns will have clinical opportunities available to them at one of JPCHC's clinics located in Anderson, Indiana and a local school corporation in Northern Madison County.

The JPCHC training program begins with a one week orientation to the JPCHC organization which includes specific training in utilization of the EHR, First Aid/CPR, introduction to the role and mission of FQHC's, and the completion of trainings for universal precautions, transmission of disease, and ethical behavior in the medical setting. A detailed orientation schedule will be sent to interns in the month prior to their start date.

We provide interns with the opportunity to grow in their intervention, assessment, consultation, and supervision skills through a range of clinical experiences in an Integrated Primary Care Setting. Interns are exposed to a wide variety of patients through collaboration with our primary care providers across a range of specialties. We strive to train clinicians who are able to act as the liaison between different specialties to ensure continuity of care for our patients. This approach allows interns to develop a true understanding of integrative primary care. Furthermore, interns are trained to work with a great degree of flexibility in order to meet patient needs and provide unique prospective to treatment that can only be provided from a psychological lens. Interns gain experience in assessment and diagnosis, intervention, and supervision and consultation through different rotations at three different clinical locations within Madison County, Indiana.

Caseload: Interns perform approximately 20 hours of therapy and face-to-face patient care per week (warm handoff consultations, individual/group therapy, and administration of assessment measures). The number of patients assigned to interns can vary depending on their rotation assignment. Interns are provided opportunities to complete their documentation and work at the facility to ensure completion in a

timely manner. A sample schedule of the intern's daily activities is included in Appendix A. Times of different training experiences may vary; however, number of hours dedicated to training activities, supervision, etc. will remain the same.

- **Rotations:** Interns complete three yearlong core rotations: Integrated Behavioral Care and Psychotherapy, Assessment, and School-Based Treatment. All clinical activity will be completed across two JPCHC locations within Anderson, Indiana and the greater Madison County area. Overall, JPCHC serves over 20,000 patients in the Indianapolis metropolitan area and surrounding counties. The primary model of care informing patient treatment is that of a population health model.
- **Alexandria School Corporation:** Jane Pauley Community Health Center offers direct treatment to students at a local school system. The schools are located approximately 11 miles North of Anderson in rural Madison County Indiana. Students at this particular school are often underserved and are best served by having treatment “come to them.” Interns gain experience in providing treatment to students k-6th grade or 7th to 12th grade. Interns have the option to provide individual, group, or a mix of both modalities of treatment. There are also opportunities to provide care in a therapeutic summer camp hosted by one of the psychologists with JPCHC. Interns will spend one day per week for the entire year completing the School-Based Treatment rotation at Alexandria School Corporation.
- **Wigwam Health Center:** The Wigwam Health Center houses Family Medicine, Dental, and Psychiatric services. This specific location serves as the interns' primary “home” within the JPCHC system. Interns carry a caseload throughout the year at this location as part of the Integrated Behavioral Care and Psychotherapy rotation, focusing on short term, solution-focused interventions, such as warm handoffs, as well as long term, evidence-based interventions. Interns are embedded within the medical team and learn and apply behavioral health techniques common within Integrated Primary Care settings. As the providers at the Wigwam Health Center provide health services to individuals across the entirety of the lifespan, there is opportunity for interns to provide interventions to individuals from early childhood through older adulthood. Interns spend at least two days per week providing therapy services at the Wigwam Health Center. The assessment rotation is housed at the Wigwam health Center. Interns spend one day a week for the entire year completing diagnostic testing. Referrals come internally from JPCHC's medical team and are provided to help inform the medical team's care of patients.

Supervision

Individual Supervision: Interns participate in at least three hours of individual supervision to ensure support at all three locations while completing clinical duties. At the Wigwam Health Center and Alexandria Community Schools, supervision is provided by Licensed Psychologists/Health Service Providers in Psychology. Supervisors will review therapy cases, help interns conceptualize cases, address concerns for patients' treatment, identify strategies to consult with patients' treatment teams, and discuss professional development. Because interns provide supervision to practicum students, supervision is also used to discuss and conceptualize practicum students' training. Individual supervision is protected training time. Both interns and supervisors have this time blocked in their schedule for the same time every week for the entire year and will not be utilized to meet clinical demands.

Supervisory relationships between interns and their assigned supervisors are highlighted as a necessary component for successful learning. As such, all supervision will be held with psychologists who take a special interest in the interns' training and are part of the training committee. Interns meet with their supervisors in person during the orientation period. Supervisors are also responsible for helping interns acclimate to their rotations. Full professional responsibility remains with the intern's supervisor, and any incidents of crisis or time sensitive issues should be elevated to the intern's supervisor immediately.

Rotation Supervision: As noted above, interns participate in three different rotations for the duration of the year. Rotation supervision consists of one hour a week for the entirety of the training year at each rotation. In supervision for the school-based services, treatment planning, conceptualization, and strategies for implementing individual and group therapy, as well as consultation with faculty and staff, are discussed. This supervision is provided by Dr. Drew Gleitsmann. In supervision for assessment, the different testing batteries utilized by JPCHC are discussed and individualized to address referral questions. The hour is also used to review testing data and conceptualize diagnoses and recommendations. Supervision provided at the Wigwam Health Center is provided by Dr. Jared Bishop.

Group Supervision: Interns participate in two hours of group supervision every Thursday for the entirety of the training year. Group supervision is provided by a Licensed Psychologist/Health Service Provider in Psychology. Group supervision provides interns with an opportunity to further obtain feedback from their supervisor while also consulting with their peers.

Telesupervision: Telesupervision is frequently used to conduct weekly group supervision. This is done to help decrease the amount of travel time required by interns due to interns working at multiple sites within the agency. Interns and supervisors assigned to facilitate group supervision, meet virtually on a secure video platform that provides simultaneous video and audio. Group supervision is typically held in this format weekly for two hours; however, once a month, interns join together for in-person group supervision to promote interaction, socialization and cohesion within the cohort. The use of teleconferencing technology also mirrors the heavy emphasis that our agency places on increased access to behavioral health services among our patients.

Typically, the use of telesupervision is limited to group supervision. With recent events related to the COVID-19 Pandemic, the need for the utilization of telesupervision has increased and continues to be a necessary component for trainees. Telesupervision is used when Behavioral Health Providers are directed by JPCHC Administration to work from home. In the event the telesupervision procedures must be used, specific approaches are used to ensure quality supervision is provided. Telesupervision specifically consists of secure video meetings between interns and supervisors held through a video platform (e.g. Teams, Doxy.me., etc.) that allows for simultaneous audio and video conferencing. Both individual and group supervisions are led by the same assigned supervisors as noted in the above sections.

During orientation, interns are directed by their supervisors on the use of teleconferencing technology. All forms of telesupervision are held over a secure network using software provided by JPCHC. Interns' supervision is never recorded and thus protects the privacy and confidentiality of all trainees. IT support is readily available by email when technical difficulties cannot be easily resolved.

Consultation with supervisors held by telephone will be used on an as needed basis and is highly encouraged when no other forms of supervision are immediately available.

Learning Activities

Supervision and Consultation Across the Training Spectrum:

Supervision of Practicum Students: JPCHC carries several training agreements with local universities and provides doctoral practicum opportunities in psychology to partnering universities. As a result, interns gain experience in the provision of individual supervision of practicum students and their training activities for the entirety of the training year (fall, winter, and spring semesters). Interns and practicum students meet for an hour weekly to review cases and identify training goals. Interns then receive feedback from their clinical supervisor regarding supervision of practicum students. Interns provide lower-level trainees with feedback and strategies for working with cases (including reviewing video). They are also encouraged to help practicum students with professional development. However, while the interns provide supervision, the practicum students' licensed supervisor is ultimately responsible for the practicum students' caseload.

Consultation/Supervision with Postdoctoral Residents: JPCHC hosts Postdoctoral Residents who are in the process of obtaining licensure. Interns are given at least one hour a week to consult with and obtain supervision from Postdoctoral Residents to further enhance collaborative learning. Postdoctoral Residents may provide further supervision and consultation for the different locations and clinics.

Didactic Training: Psychologists at JPCHC provide training in two hour-long, weekly didactic seminars. Additionally, guest speakers from other surrounding agencies or in the community may be invited to participate in the didactic series. The didactic training series is designed to provide interns with generalist training while also exposing interns to different topics within the scope of Integrated Primary Care. Specifically, interns are exposed to topics on health anxiety, management of chronic illness, chronic pain, perinatal mood and anxiety disorders, substance use, and trauma. Additionally, interns gain knowledge in the areas of overall professional development and supervision. Given JPCHC's patient population, interns participate in a series of didactics that examine culture and diversity. For example, interns learn about working with perinatal mood and anxiety disorders impacting African American mothers and the disparate mortality rate among women of color during the birth experience. A schedule of seminar topics is provided to interns at the start of the training year. Interns also host one didactic on a topic of their choosing. Didactics are typically presented using teleconference technology. Approximately once per month in-person didactics are held.

Journal Group: To ensure that interns gain additional exposure to evidence-based and state-of-the-art information regarding the provision of psychological services in integrated primary care settings with a variety of patient presentations, interns attend a weekly journal group. This journal group is designed to enhance intern knowledge on seminal research across a wide array of psychology topics. An intern will briefly present and summarize information from that week's reading. Implications for application and practice are then discussed. Interns meet weekly for an hour with a staff or postdoctoral resident who moderates the discussion following the intern's presentation. JPCHC also maintains institutional Access to APA Psycinfo to ensure ease of access to up-to-date research.

Stipend, Benefits, and Support

Stipend: Interns receive an annual stipend of \$27,000.

Employee Benefits: JPCHC recognizes the value of benefits to employees and their families. The company supports employees by offering a comprehensive and competitive benefits program to interns.

Medical, Dental, and Vision Insurance: Interns and their family members are eligible for insurance 30 days after their start date. To keep coverage in force, every insured employee must work a minimum of 30 hours per week. JPCHC offers a comprehensive competitive benefit package. For medical, eligible interns will receive a portion of the deductible uploaded on the Nonstop VISA card. Eligible interns will be responsible for any remaining out of pocket expenses that exceed the uploaded

amount. If a spouse's employer offers any of these benefits, the spouse would not be eligible to receive those benefits through JPCHC.

Vacation time: The annual Paid Time Away (PTA) bank for a full-time employee will be 27 days (216 hours). Employees who are hired, promoted, or change positions through the year will have a pro-rata bank of PTA that is available for immediate use and is not accrued. The pro-rata amount of PTA is determined by pro-rating the total amount of PTA hours for the number of remaining pay periods in the pay year and FTE status. Eligible employees who are assigned at less than 1.0 FTE will receive a bank that is further pro-rated in proportion to their FTE. If FTE status is changed, previous PTA hours that were frontloaded to the employee during the current calendar year will be applied in the new PTA calculations.

Leave of Absence: In the event that a life occurrence arises (sickness, childbirth, etc.) interns are eligible to utilize JPCHC's Personal and Medical leave policies.

For FMLA, an eligible employee is an employee who has been employed for at least 12 months and has worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Approval of a medical related leave is dependent upon medical certification. Available paid time off must be used concurrently with Family Medical leave.

Although interns do not qualify for FMLA as temporary employees, JPCHC works to accommodate interns when time away is needed. In order to do that, interns may qualify for time off under one of two JPCHC Leave Policies listed below:

Medical leave: For use by an employee who has a physical or mental condition that requires the employee to be absent more than 14 calendar days for the purpose of treatment, recuperation, or isolation, including pregnancy and childbirth. Eligibility: Must have worked for JPCHC for 90 days. Time Limits: May not exceed 60 days within a 12-month period, measured backward from the date an employee uses any leave under this policy. Entitlement: Not guaranteed by law. The decision to approve the Leave Of Absence rests with JPCHC's insurance carrier; however, at the discretion of the training director and Human Resources, the decision could be overridden.

Personal leave: If an employee does not qualify for any other type of leave under this policy, JPCHC may grant approval for personal leave. A written request should be submitted to the employee's direct supervisor with a 30-day notice. In coordination with HR, the supervisor will determine approval status. An employee may be eligible to take up to 30 days' time off with supervisor and HR manager's approval. Eligibility: Must have worked for JPCHC for 30 days. Time Limits: May not exceed 60 days within a 12-month period, measured backward from the date an employee uses any leave under this policy. Entitlement: Not guaranteed by law. The decision to approve the LOA solely rests with the manager with final approval from Human Resources.

In the event that an Intern must utilize one of the Policies of Leave, an expectation is set that the intern will complete the remainder of the Internship within 15 months of beginning their internship. Pay will be suspended until the intern returns to their duties for the Internship. Interns are encouraged to contact Human Resources as soon as the need for Leave is identified. This information will be readily available for the intern on JPCHC's Ethernet (The Host) and is readily provided by the training director. Interns also have the option to work directly with the Human Resources Department.

Other Supports Provided

- **Scheduling and Front Office Support:** Interns have full access to scheduling resources at each practice. That is, Patient Services Representatives (PSR's) provide interns with scheduling,

rescheduling, and canceling of patients. At Alexandria Schools, Interns are responsible for scheduling their patients, but also have access to PSR's through one of medical practices. In addition to scheduling, PSR's field calls from patients and community, assist with faxes, and check patients in and out from their appointments for the practices. PSR's also collect insurance information of patients and ensure that patient records are up to date.

- Interns are encouraged to communicate and work with practice managers and supervisors to communicate time off and to schedule this as needed. Practice managers offer operational support to all providers through the Jane Pauley system. This includes replacing materials as needed and providing additional support within the office.
- **Computers/Technical Support:** Interns are issued laptop computers with full access to the electronic medical record system (OCHIN/EPIC), Teams, and Jane Pauley's Ethernet system. They also have full IT support for both overall technical administrative needs and OCHIN/EPIC systems. Interns are provided with access to Doxy.me through Jane Pauley in order to complete telemedicine appointments. Finally, Interns are given access to Medtrainer for training and event reporting.
- **Office:** Students are assigned individual offices located in the Behavioral Health wings of practices near their immediate supervisors. Offices are outfitted with desks, chairs, and bookshelves. In order to access offices, Interns are provided with work badges and key cards in order to access their offices and employee-only areas of the offices.
- At the Alexandria Schools, Interns are provided with offices and utilize their Jane Pauley-Issued laptops to complete all documentation. Students are issued keys and access materials through the school in agreement with Jane Pauley CHC.

Testing Materials and Therapy Supplies: All testing materials that are required to complete diagnostic testing are provided by Jane Pauley, including protocols. Scoring services/materials are also provided. Interns are able to request materials for play therapy on an as needed basis. These requests must be approved by the supervisor.

Diversity and Nondiscrimination/Commitment to Diversity

The JPCHC Internship strongly values diversity and strives to create an inclusive, equitable, welcoming, appreciative, and safe learning environment for all interns. JPCHC Internship believes that diversity among interns and supervisors is extremely important to enrich the educational experience, facilitate personal growth, strengthen the workplace, and to effectively serve a diverse client base. Every effort is made to create and sustain a climate in which all staff and interns feel valued, respected, comfortable, and have the opportunity to succeed. Given the importance of diversity at JPCHC Internship, every effort will be made to increase awareness, confront ignorance, and foster increased opportunities for multicultural experiences. The Internship's training program includes an expected competency in diversity training, a focus on didactic trainings targeting diverse populations and related diversity issues, and multiple experiences through provision of services for a diverse clinical population. These expectations and experiences are maintained throughout the internship year to be sure that interns are personally supported and have the opportunity to experience consistent growth in this area.

The Internship both welcomes and values applicants from diverse backgrounds. The JPCHC Internship believes that a diverse training environment is vital to provide high quality training, as well as to effectively serve JPCHC Internship's clinical population. The Internship provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Every applicant is individually evaluated related to the quality of their previous training experiences, strength of

educational preparedness, and fit with JPCHC Internship. If an applicant or intern requires accommodations, please contact the Internship training director to initiate this process.

The Internship's primary goal in diversity training is to ensure that interns develop the awareness, knowledge, and skills necessary to provide competent psychological services to all members of the public. In pursuit of this goal, one of JPCHC Internship's core competencies is individual and cultural diversity. This expected competency is also intended to comply with the American Psychological Association's statement on Preparing Professional Psychologists to Serve a Diverse Public: ". . . professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals." As stated previously, to ensure interns successfully meet this competency, diversity experiences and training are interwoven throughout the training year to provide multiple opportunities to explore issues related to diversity as well as to gain a breadth of insight and experiences related to diversity.

Evaluation and Retention

The JPCHC Internship requires that interns demonstrate minimum levels of achievement across all competencies and training elements, and that interns comply at all times with JPCHC employment policies and rules. Interns are formally evaluated by their primary supervisors three times during the internship year: at the end of fall (approximately 8 to 10 weeks into the training year); at the midpoint, and at the end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of JPCHC's expected training competencies and the related training elements. Supervisors will review the appropriate evaluation with each intern; during this review there will be an opportunity for discussion concerning each data point or written comment.

A minimum level of achievement must be obtained by the intern at each evaluation point in the training year. During the fall evaluation, interns must obtain a "2" or better on all items. At midpoint, interns must obtain a "3" or better, and at end-of-year evaluation interns must obtain a rating of "4" for each element. The rating scale for each evaluation is a 5-point scale, with the following rating values: **1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence**. If an intern receives a score less than the minimum level of achievement on any training element at any of the evaluation points, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found within this JPCHC Internship Handbook. As stated below, issues of concern will be addressed as soon as they are identified, whether through informal discussion and strategizing during supervision or more formal methods such as Due Process procedures and/or a corrective action plan. Interns must receive an average rating of 4 or above on all training elements to successfully complete the internship experience.

Additionally, all JPCHC interns are expected to complete 2000 hours of training during the 52-week internship year. Meeting or exceeding the hour requirement, while also maintaining an average rating of 4 or above on the above-mentioned evaluations, demonstrates that the intern has progressed satisfactorily through and completed the Internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file. Intern evaluations, as well as other relevant feedback, will at a minimum be provided to the interns' doctoral program at the mid-point and end of the internship year. If there is any indication that a major challenge or deficit might interfere with successful completion of the Internship (or result in deficient mid-term evaluation scores), the intern's doctoral program will be notified immediately. Doctoral programs will be contacted within one

month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern requires a formal remediation plan or enters a probationary period the home doctoral program is contacted. This contact is made to ensure that the intern's doctoral program is kept engaged in order to provide support for an intern who may be experiencing difficulties, for invested persons in the home program to provide feedback which might help the intern meet Internship requirements, and to allow home programs the opportunity to provide input related to any required corrective plans. The home doctoral program will be notified of any further action that may be taken by JPCHC as a result of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete an evaluation of their supervisor(s) and a program evaluation at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available within the Handbook and via the JPCHC intranet. Please see Appendix D for a copy of the intern evaluation.

Due Process Procedures

Due Process procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. JPCHC's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

For purposes of the Due Process and Grievance Procedures, a competence problem is defined broadly as:

1. An inability to exhibit or acquire the professional knowledge, skills, and/or attitudes required to reach an acceptable level of performance (that is obtain a "2" or better on all items in the fall evaluation, "3" or better on all items on the mid-year evaluation, and a "4" on all items of the final evaluation)
2. An inability and/or unwillingness to acquire and integrate professional standards (e.g., ethical, legal, diversity) in one's professional functioning
3. An inability to effectively manage personal stress, and/or interpersonal difficulties that interfere with professional functioning.

Characteristics of Competence Problems

Competence problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self-directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as competence problems when they include one or more of the following characteristics:

- The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified by academic or didactic training or supervision.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The behavior has potential for ethical or legal ramifications if not addressed.
- The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability, veteran's status, etc.
- The intern's emotional difficulties interfere with his or her capacity to perform competently.
- The intern's interpersonal style interferes with their interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
- The intern does not acknowledge, understand, or address the concern when it is identified.
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

- A disproportionate amount of attention by training personnel is consistently required with minimal behavior change.
- The intern's behavior negatively impacts the public view of the training program or institution.
- The behavior negatively impacts another trainee within the Internship class.
- The behavior negatively impacts other workers within the agency or violates appropriate interpersonal communication with agency staff.
- The behavior directly harms a patient or results in serious risk of harm to a patient

Informal Review

When the intern's supervisor or other faculty/staff member believes that an intern's behavior is problematic, or becomes concerned that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue will generally be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. The training director will be informed of the situation and suggested remediation and will provide feedback. Remediation may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "2" on any element during the fall evaluation, below a "3" on any element during the midyear evaluation, and below a "4" on any element at the final evaluation, the following process is initiated:

- A. Notice: The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. Hearing: The Training Director (TD) will hold a Hearing with the intern, supervisor(s), the intern's university Director of Clinical Training (DCT), and a member of the Human Resources department within 10 days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. The intern will have the opportunity to present his/her perspective at the Hearing and/or provide a written statement of his/her response to the problem.
- C. Outcome and Next Steps: The results of the Hearing will be any of the following options, to be determined by the TD, other faculty/staff member, and Human Resources representative who was present for the hearing. This outcome will be communicated to the intern in writing within 5 days of the Hearing.
 1. Issue an "Acknowledgement Notice" which formally acknowledges:
 - a. That the faculty is aware of and concerned with the problem;
 - b. That the problem has been brought to the attention of the intern;
 - c. That the faculty will work with the intern to specify the steps necessary to rectify the problem or skills deficit addressed by the inadequate evaluation rating; and,
 - d. The problem is not significant to warrant further remedial action.
 2. Place the intern on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend on the nature of the problem and will be determined by the intern's supervisor and the TD. A

written Remediation Plan will be shared with the intern and the intern's home doctoral program and will include:

- a. The actual behaviors or skills associated with the problem;
- b. The specific actions to be taken to rectify the problem;
- c. The time frame during which the problem is expected to be ameliorated; and,
- d. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of the remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will be shared with the intern's home doctoral program. If the problem has not been remediated, the TD may choose to move to Step 3 or Step 4 below, or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3. Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship or engage in some other method of remediation. The length of the suspension will depend on the nature of the problem and will be determined by the intern's supervisor and the TD. A written suspension plan will be shared with the intern and the intern's home doctoral program and will include:
 - a. The actual behaviors or skills associated with the problem; with the problem;
 - b. The specific actions to be taken for rectifying the problem;
 - c. The time frame during which the problem is expected to be ameliorated; and,
 - d. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide to the intern and the intern's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file. If the problem has not been remediated, the TD may choose to move to Step 4 below, or may choose to extend the period of suspension. That is, the TD may choose to end the suspension period, extend the suspension period, or move to termination.

4. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the Internship program may be terminated. The decision to terminate an intern's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. The Internship program will notify APPIC and the intern's home doctoral program of the decision.

Procedure for Appeal by an Intern

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the training director (or another supervisor, if appropriate) and at least two other specific members of the training faculty who work directly with the interns. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, he/she may appeal the decision, in writing to the Director of Integrated Behavioral Health. If the intern is dissatisfied with the decision of the Director of Integrated Behavioral Health, he/she may appeal the decision, in writing, to the Chief Medical Officer. If the intern is dissatisfied with the decision of the Chief Medical Officer, he/she may appeal the decision, in writing, to the Chief Executive Officer. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Chief Executive Officer has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

Formal Grievance Procedures

Grievance Procedures may be initiated when an intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the Internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. The following actions may be taken when an intern raises a grievance about a supervisor, staff member, trainee, or the Internship program:

Informal Review

The intern should raise the issue as soon as possible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally. In this instance, their supervisor and/or involved personnel should work with the intern to resolve the grievance. If the informal discussion does not yield satisfactory results, the intern can move into filing a formal grievance. Within 5 to 10 days, the TD will respond with a possible solution. In addition to appealing to the TD, interns are also able to meet with or utilize Human Resources at any time at the Intern's discretion.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Director of Integrated Behavioral Health. The individual who is the object of the grievance will be asked to submit a response in writing. The TD (or Director of Integrated Behavioral Health, if appropriate) will meet with the intern and the individual who is the object of the grievance within 10 working days. In some cases, the TD or Director of Integrated Behavioral Health may wish to meet with the intern and the individual who is the object of the grievance separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.) the TD and Director of Integrated Behavioral Health will meet with

the intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- A) The behavior/issue associated with the grievance;
- B) The specific steps to rectify the problem; and,
- C) Procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Director of Integrated Behavioral Health will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the TD or Director of Integrated Behavioral Health in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Director of Integrated Behavioral Health will convene a review panel consisting of him/herself and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources department in order to initiate JPCHC's due process procedures.

Application Process

JPCHC offers two full-time internship positions. All students interested in applying for a position should complete and submit an APPIC Application for Psychology Internship (AAPI) online through the APPIC website (www.appic.org).

In order to consider applications, JPCHC must receive all application materials by the date indicated in the current APPIC directory.

Applications must contain the below material:

1. Official transcripts of all graduate coursework.
2. A completed AAPI
3. A cover letter (as part of the AAPI)
4. A current curriculum vitae (as part of the AAPI)
5. Three Standard Reference Forms (as part of the AAPI). Two of these forms must be from persons who have directly supervised your clinical work.
6. A deidentified writing sample (such as a report)

Application Screening and Interview Processes

Application Requirements:

1. A minimum of 350 intervention hours.
2. A minimum of 50 assessment hours.
3. Completion of a master's degree in psychology or another related field for insurance billing purposes.
4. Dissertation proposed by application deadline (12/15)
5. Current enrollment and good standing in an APA- or CPA-accredited doctoral program in clinical (Psy.D or Ph.D), counseling, or school psychology.

Although applicants who meet the following criteria will be considered preferred, JPCHC will consider the entire application package when inviting applicants to interviews. Preference will be given to given to individual with:

1. Experience working within a hospital/medical setting/Federally Qualified Health Center.
2. Experience providing intervention/assessment as part of a collaborative care or integrated primary care team.
3. Experience working on a research team that examines health psychology/integrated primary care.
4. Engagement in dissertation/other research examining issues within health psychology and integrated primary care.
5. Experience working with low income, under-insured/uninsured patients.
6. Experience working with LGBTQIA, African American, Native American, or other minority populations.
7. Fluency in languages other than English.
8. History providing neuropsychological or other health-related evaluations (e.g.: Spinal cord stimulator evaluations, bariatric surgery evaluations, etc.).

JPCHC's Training Committee uses a standard Application Rating Scale to review applications and evaluate fit with the Internship program. The Committee uses the results of this review process to determine which applicants will be invited for interviews. JPCHC notifies applicants on or before December 15th as to whether they will be invited for an interview. Interviews are scheduled for January on a rolling basis, and they are held with the entire Training Committee. The Committee uses a standard list of interview questions for each interview, and members may ask additional questions as appropriate.

Participation in the APPIC Match

All interns who match to JPCHC must pass a drug screen prior to being employed by JPCHC. As a drug free workplace, JPCHC does not tolerate the use of drugs that are not prescribed by a physician or are illegal in the state of Indiana, including marijuana. After the match process is complete, JPCHC will send out instructions to all candidates who match for completing the background check, drug screen, and vaccination/TB screen. Criminal charges found on background checks are reviewed by Human Resources, the CEO, and/or CMO to determine eligibility for employment. All agreements are contingent on the applicant's ability to successfully complete a background check, drug screen, and vaccination/TB Screen.

Please direct any questions regarding the academic requirements and selection process to the JPCHC Training Director.

Integrated Behavioral Health Administration

Brendon Smith, Ph.D., HSPP- Director of Integrated Behavioral Health

- Ph.D, 2012, Miami University
- Internship completed at Albany Psychology Internship Consortium

Current Supervisory Staff

Jared Bishop, Ph.D, HSPP, Training Director

- Ph.D, 2017, Ball State University, Educational (School) Psychology
- Internship completed at Illinois School Psychology Internship Consortium-Onarga/Iroquois County Site

Drew Gleitsmann, Psy.D, HSPP

- Psy.D, 2016, Chicago School of Professional Psychology
- Internship completed at Madison County Health Coalition

Adjunct Supervisory Staff¹

Brendon Smith, Ph.D., HSPP- Director of Integrated Behavioral Health

- Ph.D, 2012, Miami University
- Internship completed at Albany Psychology Internship Consortium

Chelsea B. Holbert, Psy.D., HSPP,

- Psy.D., 2018, University of Indianapolis
- Internship completed at Youth Opportunity Center, Muncie, Indiana

Postdoctoral Fellows

Laura Yacko, Ph.D,

- Ph.D, 2021, Ball State University, Educational (School) Psychology
- Internship completed at Youth Opportunity Center, Muncie, IN

¹ Adjunct supervisory staff will not be providing regularly scheduled supervision. However, they are available for consultation of Interns if no other supervisory staff are available.

Appendix A: Sample Rotation Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Location:	Wigwam	Wigwam	Wigwam	Wigwam	Alexandria Schools
8:00	Individual supervision	Admin Time	Admin time	Group supervision	Admin/Planning time
9:00	Follow up/warm handoff	INTAKE	TESTING CASE TIME	Group supervision	INTAKE
10:00	Follow up/warm handoff	Long term Therapy Case	TESTING CASE TIME	Supervision of a practicum student	Follow up case
11:00	Follow up/warm handoff	Long term Therapy Case	Individual Supervision	Journal Group	Follow up case
12:00	LUNCH	LUNCH	Lunch	LUNCH	LUNCH
1:00	Follow up/warm handoff	INTAKE	Writing Time	Didactics	Intake
2:00	Follow up/warm handoff	Long term Therapy Case	Writing Time	Didactics	Follow up case
3:00	Follow up/warm handoff	Long term Therapy Case	Writing Time	Supervision with postdoc	Follow up case
4:00	Admin time	Long term Therapy Case	Scoring	Admin time	Admin time

Appendix B: Didactic Schedule

Didactic trainings take place every Thursday from 1:00PM to 3:00 PM unless otherwise noted. Presenters are subject to change.

Date	Presenter	Topic
8/8/2024	Dr. Bishop	Introduction to policies and procedures
8/15/2024	Dr. Bishop	(Integrated Primary Care Series) Overview of Integrated Primary Care
8/22/2024	Dr. Brendon Smith	Psychology's role in Primary Care and at FQHC's
8/29/2024	Dr. Holbert	Integrated Primary Care Interventions
9/5/2024	Dr. Holbert	Primary Care Patients, who are they?
9/12/2024	Dr. Scott Bischoff, Guest Presenter	Substance Misuse
9/19/2024	Dr. Bishop	Navigating Special education Law and SLD Identification
9/26/2024	Dr. Yacko	Psychologists as Scientists (data based decision making)
10/3/2024	Dr. Holbert	Mental Health Disorders In the IPC Setting
10/10/2024	Dr. Yacko	Neurodiversity and therapy with persons diagnosed with Developmental/Intellectual Disabilities
10/17/2024	Dr. Gleitsmann	Play therapy with Children/Adolescents
10/24/2024	Dr. Holbert	Chronic Disease
10/31/2024	Dr. Bishop	Logotherapy and existential therapies
11/7/2024	Dr. Holbert	Health Promotion Behaviors
11/14/2024	Dr. Veronica Smith, Guest Presenter	Autism Assessment
11/21/2024	Dr. Holbert	Working with Chronic Pain
11/28/2024	N/A	THANKSGIVING NO DIDACTIC
12/5/2024	Dr. Bishop	Professional Advocacy
12/12/2024	Dr. Mary De Groot, Guest presenter	Diabetes and Depression: A vicious cycle for patients.
12/19/2024	Dr. Holbert	Assessment and intervention of Peripartum Mood and Anxiety Disorders
12/26/2024	N/A	WINTER HOLIDAY: NO DIDACTIC
1/2/2025	Dr. Yacko	Crisis Intervention and Suicide Assessment
1/9/2025	Dr. Bishop	Supervising Others, Part I
1/16/2025	Dr. Niles Carter, MD	Working with African American Patients, Dispelling Dangerous Myths about pain, health, and Distrust for the system
1/23/2025	Dr. Holbert	Religion and Health
1/30/2025	Dr. Bishop	Culturally Sensitive Assessment
2/6/2025	Dr. Holbert	Working with LGBTQIA Patients
2/13/2025	Dr. Holbert	Motivational Interviewing
2/20/2025	Dr. Amanda Smith, Guest Speaker	Working with Veterans
2/27/2025	Dr. Yacko	Working with non-traditional families in IPC
3/6/2025	Dr. Bishop	Managing conflicting ethical concerns, When Psychology and Medical don't see eye-to-eye

3/13/2025	Dr. Bishop	Spirituality and therapy
3/20/2025	Dr. Smith	Psychologists as administrators
3/27/2025	Dr. Bishop	Supervising others, Part II
4/3/2025	Dr. Holbert	Using DBT to address treatment Non-adherence
4/10/2025	Dr. Bishop/Dr. Yacko	Advanced Trauma Treatment
4/17/2025	Dr. Bishop	Using Existential therapy in IPC
4/24/2025	Dr. Gleitsmann	School-based care.
5/1/2025	Dr. Bishop	Sand Tray Therapy
5/8/2025	Dr. Bishop	Superheroes in Therapy
5/15/2025	Dr. Gleitsmann	School-based interventions: Landscape and considerations.
5/22/2025	Dr. Holbert	CBT for Type II Diabetes
5/29/2025	Dr. Bishop	Vicarious Trauma and burn out
6/5/2025	Dr. Bishop	Using the ACES Survey
6/12/2025	Intern	Intern Presentation
6/19/2025	Intern	Intern Presentation
6/26/2025	Dr. Yacko	Intellectual Assessment in IPC
7/3/2025	Dr. Holbert	Managing patients who may present with Secondary Gain
7/10/2025	Dr. Bishop	Managing Anxiety for the Dentist
7/17/2025	Trip to Indiana Licensing Board (date may vary)	Visit the Licensing Board
7/24/2025	Training faculty	Visit Shadeland Clinic/Grand Rounds* subject to change
7/31/2025	Dr. Bishop	Early Career Psychologists: Postdoctoral Residency, Licensing, and Beyond

Appendix C: Journal Group Schedule

This list is subject to change and may be updated or edited at anytime throughout the year.

Date	Reading
8/10/2023	No Assigned Reading
8/17/2023	Kindig, D. A., & Stoddart, G. (2003). What is population health? <i>American Journal of Public Health</i> , 93,380–383. doi:10.2105/AJPH.93.3.380
8/24/2023	McDaniel, S. H., & deGruy, F. V. (2014). An introduction to primary care and psychology. <i>American Psychologist</i> , 69,325–331. doi:10.1037/a0036222
9/31/2023	Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. <i>Clinical Psychology: Science and Practice</i> , 8,255–270. doi:10.1093/clipsy.8.3.255
9/7/2023	Williamson, A. A., Raglin Bignall, W. J., Swift, L. E., Hung, A. H., Power, T. J., Robins, P. M., & Mautone, J. A. (2017). Ethical and legal issues in integrated care settings: Case examples from pediatric primary care. <i>Clinical Practice in Pediatric Psychology</i> , 5(2), 196.
9/14/2023	Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 national Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm (This is reviewed together) Fiellin, D.A., Reid, M.C.,&O’Connor, P.G. (2000). Screening for alcohol problems in primary care: A systematic review. <i>Archives of Internal Medicine</i> , 160, 1977-1989. doi:10.1001/archinte.160.13.1977
9/21/2023	American Psychological Association, Committee on Aging. (2009). Multicultural competency in geropsychology. Washington, DC: American Psychological Association. Retrieved
9/28/2023	Holtrop, J. S., Rabin, B. A., & Glasgow, R. E. (2018). Dissemination and implementation science in primary care research and practice: contributions and opportunities. <i>The Journal of the American Board of Family Medicine</i> , 31(3), 466-478.
10/5/2023	DiMatteo, M. R., Lepper, H. S., & Croghan, T. W. (2000). Depression is a risk factor for noncompliance with medical treatment: Meta-analysis of the effects of anxiety and depression on patient adherence. <i>Archives of Internal Medicine</i> , 160, 2101-2107.doi:10.1001/archinte.160.14.2101
10/12/2023	Twomey, C., O’Reilly, G., & Byrne, M. (2015). Effectiveness of cognitive behavioural therapy for anxiety and depression in primary care: a meta-analysis. <i>Family practice</i> , 32(1), 3-15.

10/19/2023	Mullin, D. J., Forsberg, L., Savageau, J. A., & Saver, B. (2015). Challenges in developing primary care physicians' motivational interviewing skills. <i>Families, Systems, & Health</i> , 33, 330-338. doi:10.1037/fsh0000145
10/26/2023	DeJean, D., Glacomini, M., Vanstone, M., & Brundisini, F. (2013). Patient experiences of depression and anxiety with chronic disease: A systematic review and qualitative meta-synthesis. <i>Ontario Health Technology Assessment Series</i> , 13(16), 1-33.
11/2/2023	Frankl, V. (1992) <i>Man's search for Meaning</i> . Beacon Press, Boston Massachusetts, pp 1-50.
11/16/2023	Frankl, V. (1992) <i>Man's search for Meaning</i> . Beacon Press, Boston Massachusetts, pp 50-100.
11/23/2023	NO JOURNAL GROUP
11/30/2023	Woolf, C. J. (2010). What is this thing called pain?. <i>The Journal of clinical investigation</i> , 120(11), 3742-3744.
12/7/2023	Palermo, T. M., Eccleston, C., Lewandowski, A. S., Williams, A. C. D. C., & Morley, S. (2010). Randomized controlled trials of psychological therapies for management of chronic pain in children and adolescents: an updated meta-analytic review. <i>Pain®</i> , 148(3), 387-397.
12/14/2023	Richmond, H., Hall, A. M., Copsey, B., Hansen, Z., Williamson, E., Hoxey-Thomas, N., ... & Lamb, S. E. (2015). The effectiveness of cognitive behavioural treatment for non-specific low back pain: a systematic review and meta-analysis. <i>PloS one</i> , 10(8), e0134192.
12/21/2023	Moore, T. M., Jones, T., Browder, J. H., Daffron, S., & Passik, S. D. (2009). A comparison of common screening methods for predicting aberrant drug-related behavior among patients receiving opioids for chronic pain management. <i>Pain Medicine</i> , 10, 1426-1433. doi:10.1111/j.1526-4637.2009.00743.x1426-1433
12/28/2023	NO JOURNAL GROUP
1/4/2024	Bryan, C. J., Corso, K. A., Neal-Walden, T. A., & Rudd, M. D. (2009). Managing suicide risk in primary care: Practice recommendations for behavioral health consultants. <i>Professional Psychology: Research and Practice</i> , 40, 148-155. doi:10.1037/a0011141
1/11/2024	Skar, A. M. S., Shevlin, M., & Vang, M. L. (2022). Does personal therapy and supervision protect against burnout and secondary traumatization? A cross-sectional study among Danish child protection workers. <i>Traumatology</i> .
1/18/2024	Fourtner, A. W., Fourtner, C. R., & Freeman Herreid, C. (1994). Bad blood-A case study of the Tuskegee syphilis project. <i>Journal of College Science Teaching</i> , 23, 277-277.
1/25/2024	Tait, R. C., & Chibnall, J. T. (2014). Racial/ethnic disparities in the assessment and treatment of pain: psychosocial perspectives. <i>American Psychologist</i> , 69(2), 131.
2/1/2024	Heredia, D., Pankey, T. L., & Gonzalez, C. A. (2021). LGBTQ-affirmative behavioral health services in primary care. <i>Primary Care: Clinics in Office Practice</i> , 48(2), 243-257.

2/8/2024	Willging, C. E., Salvador, M., & Kano, M. (2006). Unequal treatment: Mental health care for sexual and gender minority groups in a rural state. <i>Psychiatric Services</i> , 57(6), 867-870.
2/15/2024	Captari, L. E., Cowden, R. G., Sandage, S. J., Davis, E. B., Bechara, A. O., Joynt, S., & Counted, V. (2022, May 5). Religious/Spiritual Struggles and Depression During COVID-19 Pandemic Lockdowns in the Global South: Evidence of Moderation by Positive Religious Coping and Hope. <i>Psychology of Religion and Spirituality</i> . Advance online publication. http://dx.doi.org/10.1037/re10000474
2/22/2024	Hepner, K. A., Paddock, S. M., Watkins, K. E., Solomon, J., Blonigen, D. M., & Pincus, H. A. (2014). Veterans' perceptions of behavioral health care in the Veterans Health Administration: A national survey. <i>Psychiatric Services</i> , 65(8), 988-996.
3/1/2024	Kersting, A., Fisch, S., & Arolt, V. (2003). Outpatient psychotherapy for mothers—a new treatment. <i>Archives of Women's Mental Health</i> , 6(1), 65-69. Moriarty, Y., O'Neill, C., Robling, M., Arroyo, C., & Owen, O. (2022). Feasibility of recruiting mother-infant dyads with mild-moderate depression to an art therapy painting group.
3/8/2024	Smalley, K. B., Yancey, C. T., Warren, J. C., Naufel, K., Ryan, R., & Pugh, J. L. (2010). Rural mental health and psychological treatment: A review for practitioners. <i>Journal of clinical psychology</i> , 66(5), 479-489.
3/15/2024	Moriarty, Y., O'Neill, C., Robling, M., Arroyo, C., & Owen, O. (2022). Feasibility of recruiting mother-infant dyads with mild-moderate depression to an art therapy painting group.
3/22/2024	Van Der Kolk, B. (2014) <i>The Body Keeps the Score</i> . Penguin Books, New York, NY, pp. 7-47.
3/29/2024	Van Der Kolk, B. (2014) <i>The Body Keeps the Score</i> . Penguin Books, New York, NY, pp. 51-104
4/5/2024	Van Der Kolk, B. (2014) <i>The Body Keeps the Score</i> . Penguin Books, New York, NY, pp. 107-137
4/12/2024	Van Der Kolk, B. (2014) <i>The Body Keeps the Score</i> . Penguin Books, New York, NY, pp. 138-170
4/19/2024	Able, S. L., Johnston, J. A., Adler, L. A., & Swindle, R. W. (2007). Functional and psychosocial impairment in adults with undiagnosed ADHD. <i>Psychological medicine</i> , 37(1), 97-107.
4/26/2024	Bauer, N. S., Szczepaniak, P. D., Mooneyham, G., Pottenger, A., Johnson, C. S., & Downs, S. M. (2015). Group visits to improve pediatric attention-deficit hyperactivity disorder chronic care management. <i>Journal of Developmental and Behavioral Pediatrics</i> , 36,553–561. doi:10.1097/DBP.0000000000000207
5/3/2024	Starr, P. (1982). <i>The Social Transformation of American Medicine: the rise of a sovereign profession & the making of a vast industry</i> , 2 nd ed. . Basic Books, New York, New York, pp. 180-197.
5/10/2024	Starr, P. (1982). <i>The Social Transformation of American Medicine: the rise of a sovereign profession & the making of a vast industry</i> , 2 nd ed. . Basic Books, New York, New York, pp. 235-289.

5/17/2024	Woods, M. D., & Martin, D. (1984). The work of Virginia Satir: Understanding her theory and technique. <i>American Journal of Family Therapy</i> , 12(4), 3-11.
5/24/2024	de Groot, M. (2021). 50 Years of Behavioral Science in Diabetes: A 2020 Vision of the Future. <i>Diabetes Care</i> , 44(3), 633-640.
5/31/2024	Thornton PL, Kumanyika SK, Gregg EW, Araneta MR, Baskin ML, Chin MH, Crespo CJ, de Groot M, Garcia DO, Haire-Joshu D, Heisler M, Hill-Briggs F, Ladapo JA, Lindberg NM, Manson SM, Marrero DG, Peek ME, Shields AE, Tate DF, Mangione CM. New research directions on disparities in obesity and type 2 diabetes. <i>Ann N Y Acad Sci</i> . 2020 Feb;1461(1):5-24. doi: 10.1111/nyas.14270. Epub 2019 Dec 3. PMID: 31793006; PMCID: PMC7159314.
6/7/2024	Mersky JP, Topitzes J, Reynolds AJ. Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: a cohort study of an urban, minority sample in the U.S. <i>Child Abuse Negl</i> . 2013 Nov;37(11):917-25. doi: 10.1016/j.chiabu.2013.07.011. Epub 2013 Aug 24. PMID: 23978575; PMCID: PMC4090696.
6/14/2024	Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social Determinants of Mental Health: Where We Are and Where We Need to Go. <i>Current psychiatry reports</i> , 20(11), 95. https://doi.org/10.1007/s11920-018-0969-9
6/21/2024	Student Presentation: Student selected article/reading
6/28/2024	Student Presentation: student selected article/reading
7/5/2024	Subject to cancelation due to Vacations
7/12/2024	VIST TO LICENSING BOARD
7/19/2024	VISIT TO SHADELAND
7/26/2024	No journal group (students use this time to wrap up)
8/2/2024	No journal group (students use this time to wrap up)
NEW CLASS:	
8/9/2024	

Appendix D: Intern Evaluations

Jane Pauley Community Health Center Intern Evaluation

() Fall Evaluation () Midyear evaluation () Final evaluation

Methods used in evaluating competency:

_____ Direct Observation _____ Review of Audio/Video _____ Case Presentation
 _____ Documentation Review _____ Comments from other staff/faculty _____ Supervision

Scoring Criteria:

1 -- Remedial: Significant skill development required, remediation necessary.
2 -- Beginning/Developing Competence: Expected competence for pre-internship, close supervision and possible additional training required for many cases
3 -- Intermediate Competence: Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases
4 -- Proficient Competence: Expected level of competence for intern at completion of training program; ready for entry-level practice
5 -- Advanced Competence: Able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training

Competency 1: Intern will display competency in the area of **Professional Values, Reflective Practice, and Self-Care**

Behaves in ways that reflect the values and attitudes of the psychology discipline.	
Demonstrates accountability, dependability, and responsibility; completes work requirements in a complete and timely manner.	
Intern regularly engages in self-reflection regarding personal and professional functioning.	
Engages in activities to maintain and improve performance, personal well-being, and professional effectiveness.	
Actively seeks and demonstrates openness to feedback and supervision; implements received feedback in professional work.	
Responds professionally in increasingly complex situations with a greater degree of independence as he/she progresses across levels of training.	
Comments:	

Competency 2: Intern will display competency in the area of **Individual and Cultural Diversity**

Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may impact how one understands and interacts with people different from oneself.	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.	
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.	

Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	
Demonstrates an ability to form working therapeutic relationships with individuals from a variety of diverse backgrounds.	
Comments:	

Competency 3: Intern will display competency in the area of **Ethical and Legal Standards**

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct, as well as relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, and federal levels.	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them.	
Conducts self in an ethical manner in all professional activities.	
Comments:	

Competency 4: Intern will display competency in the area of **Communication and Interpersonal Skills**

Develops and maintains effective relationships with a wide range of individuals.	
Produces oral, nonverbal, and written communications in an informative, articulate, and succinct manner.	
Demonstrates effective interpersonal skills and the ability to manage difficult communication in a therapeutic and/or professional manner.	
Communicates and coordinates treatment effectively as part of a multidisciplinary team.	
Comments:	

Competency 5: Intern will display competency in the area of **Research and Scholarly Inquiry**

Applies scientific methods when diagnosing, evaluating practices, interventions, and programs.	
Demonstrates awareness of evidence-based practices, current literature, research, and theory related to a variety of relevant clinical topics.	

Utilizes scholarly literature and other resources to inform practice with diverse clients.	
Comments:	

Competency 6: Intern will display competency in the area of **Assessment**

Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors.	
Selects and applies appropriate assessment instruments (per empirical evidence) appropriate to the diagnostic or therapeutic problem/question being assessed.	
Scores assessment instruments accurately and demonstrates competence in scoring interpretation.	
Utilizes assessment results to inform case conceptualizations and diagnoses.	
Effectively communicates results of assessments both orally and in writing to relevant parties (patients, family members, prescribers, etc.).	
Comments:	

Competency 7: Intern will display competency in the area of **Intervention**

Routinely develops and maintains effective therapeutic relationships.	
Develops evidence-based intervention plans specific to the service delivery goals.	
Shows competency in utilizing evidence-based treatment approaches appropriate for Patient's specific diagnose and goals.	
Displays clinical skills with a variety of individuals or treatment contexts and demonstrates good judgment in difficult or challenging situations.	
Forms applicable case conceptualizations of patients utilizing theoretical perspective(s).	
Comments	

Competency 8: Intern will display competency in the area of **Consultation**

Demonstrates knowledge and respect for the roles and perspectives of other professions.	
Demonstrates knowledge ability to select contextually appropriate means of assessment and/or data gathering that answers consultation referral questions.	
Provides effective assessment and diagnostic feedback; provides and explains appropriate recommendations for referral source(s).	

Applies knowledge about consultation in direct or simulated (e.g. role played) consultation.	
Comments:	

Competency 9: Intern will display competency in the area of **Supervision**

Develops and maintains effective relationships with a wide range of individuals.	
Demonstrates ability to form effective supervisory relationship with supervisee; engages in professional reflection regarding supervisory relationships and supervision processes.	
Demonstrates awareness of supervision models and best practices, as well as ethical issues related to supervision including limits of competency to supervise.	
Provides effective supervised supervision to less advanced students or other service providers for cases typical to service setting.	
Comments:	

Comments on intern's overall performance:

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern: _____
Signature Date

Supervisor: _____
Signature Date

Appendix E: Evaluation of Supervisors

Jane Pauley Doctoral Internship Program Intern Supervisor Evaluation

To be completed by intern

Intern: _____

Supervisor(s): _____

Evaluation Interval: () Three Month () Six Month () End of Year

This evaluation instrument is utilized by JPDIP to continually improve and enhance the training program. All responses are reviewed by supervisors as well as other members of the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

Overall Experience	
Overall quality of training	
Breadth of clinical intervention experience	
Satisfaction with assessment experience and opportunities	
Clarity of expectations and responsibilities for intern	
Case load was appropriate to meet educational needs	
Quality of weekly didactic trainings	
Satisfaction with weekly group supervision	

Overall Quality of Experience, Opportunity, and Training Within Required Competency Areas

For the following items, please rate the quality of the training you have received in each. Please consider your experience with individual and group supervision, didactic seminars, professional development opportunities, as well as direct clinical experiences and other experiential training.

Focus on Professional Values, Reflective Practice, and Encouragement of Self-Care	
Quality of Training	
Comments:	
Individual and Cultural Diversity	
Quality of Training	
Comments:	
Ethical and Legal Standards	
Quality of Training	
Comments:	
Communication and Interpersonal Skills (As focus of internship as well as modelled and practiced by supervisors and other staff)	
Quality of Training	
Comments:	
Inclusion and Focus on Research and Scholarly Inquiry	
Quality of Training	
Comments:	

Assessment and Diagnostic Training	
Quality of Training	
Comments:	
Intervention (Variety of cases, support for theoretical orientation, introduction of new approaches and techniques)	
Quality of Training	
Comments:	
Consultation (as part of an integrative health agency, consultation with other agencies, and consultation experience with both peers and supervisors)	
Quality of Training	
Comments:	
Supervision (Training, support, and experience for intern in the role of being a supervisor)	
Quality of Training	
Comments:	
Please provide any additional comments/feedback about the overall training in the major areas of professional functioning:	

Please answer the following question regarding your experiences with supervision.	
Helpfulness of supervision	
Availability of supervisors	
Frequency of supervision	
Supervisors as professional role models	
Supportiveness of supervisors	
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:	
Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:	
Intern's Signature: _____ Date: _____	
Supervisor's Signature: _____ Date: _____	