Oregon State Hospital
Psychology Internship Program

2019-2020
Intern Handbook
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Introduction

The Oregon State Hospital Psychology Internship Program submitted their first self-study in December 2015 and their first site visit occurred on August 16 and 17, 2016. On November 15, 2016, OSH-PIP was awarded accreditation by the American Psychological Association, Commission on Accreditation with an initial date of accreditation of August 17, 2016, which is applicable to all internship classes beginning with the 2015-2016 cohort. Our program’s outcome data is due to the Commission on September 1, 2018.

Further 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
Email: apaaccred@apa.org

OSH-PIP achieved Association of Psychology Postdoctoral and Internship Centers (APPIC) membership status on October 22, 2015. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
Oregon State Hospital Overview

History
The Oregon State Hospital Psychology Internship Program (OSH-PIP) is sponsored by OSH and WICHE. OSH, located in Salem, is a psychiatric facility operating by serving the Oregon Health Authority. The total hospital budget for the 2017 - 2019 biennium is $476,039,852. The budget is allocated from the Oregon General State Funds with additional funding from other sources as well as Federal monies. The hospital holds certifications by the Centers for Medicare and Medicaid Services (CMS), is accredited by The Joint Commission (TJC), and is a member of the Western Psychiatric State Hospital Association (WPSHA). The hospital’s core values are “Compassion – Trauma-informed – Integrity, Respect – Stewardship – Solution-Orientation – Simplicity.” The hospital’s mission is “to provide therapeutic, evidenced-based, client-centered treatment focusing on recovery and community reintegration, all in a safe environment.” The hospital’s vision reads “We are a psychiatric hospital that inspires hope, promotes safety, and supports recovery for all.”

More specifically, OSH is operated, controlled, managed, and supervised by the Oregon Health Authority. OSH is overseen by the Superintendent and Deputy Superintendent; clinical direction is provided by the Chief Medical Officer, Chief Psychiatrist, Chief Psychologist, and a Clinical Executive Team. OSH opened at its present Salem location in 1883, and has played a key role in the development of Oregon’s public mental health services. The Oregon Legislature approved construction of the current state-of-the-art facility, which opened in early 2011. OSH’s Portland campus closed and its new campus in Junction City opened, both in March 2015.

OSH has a rich and controversial history within the mental health system. For instance, OSH is well known as the filming location for the 1975 Academy Award-winning film, based on Ken Kesey’s novel, One Flew Over the Cuckoo’s Nest. The Superintendent, psychiatrists, and several clients were cast in the film. Both clients and staff also assisted with the making of the film in some capacity (e.g., electrical work, props). Also in 1975, esteemed photographer Mary Ellen Mark did a story for a magazine about the movie, where she met the women of Ward 81. In February 1976, she and Karen Folger Jacobs, a writer and social scientist, were granted permission to live on the ward for 36 days, where Mary Ellen Mark took many pictures. Her work can be seen in the book, Ward 81, first published in 1979, and reprinted in 2008 with additional information.

Also noteworthy, OSH houses a memorial which displays the original copper canisters from unclaimed cremains of approximately 3,500 people who died while living or working at OSH and its past sister facilities between 1883 and the 1970s. The memorial was built to honor those individuals whose remains have been unclaimed for decades. The project, a collaboration with the Oregon Arts Commission, was funded by the Percent For Art Program. Also, these canisters were photographed by esteemed photographer David Maisel and were published in 2008 in his book, Library of Dust. Since that time, an award-winning 2011 documentary short of the same name, by Ondi Timoner and Robert James,
further explore the histories of these canisters and their reclamations as well as the mental health system in Oregon. Also, with the 2011 rebuilding of the hospital, a museum was added (Museum of Mental Health) to acknowledge the hospital’s history and the many discontinued (and often archaic) psychiatric practices and to pay tribute to the overall progress made in psychiatric care and treatment.

For additional information about the history of OSH, two books have been published by local Oregonians about the institution, *Inside Oregon State Hospital: A History of Tragedy and Triumphs (Landmarks)*, authored by Diane Goeres-Gardner and John Terry, published in 2013, and *Oregon Asylum (Images of America)*, also authored by Diane L. Goeres-Gardner and published in 2013.

**Training Location**

The OSH-PIP training program is located on the Salem campus of Oregon State Hospital. Salem is the capital of Oregon, located in the beautiful Willamette Valley Region of the Pacific Northwest between the Pacific and Cascade Mountains. With a population of 160,000 and located 47 miles from Portland, Salem is an ideal location for young professionals. Salem enjoys a “Mediterranean Climate,” getting most of its precipitation in the late fall through winter, while dry season is June – September. Winters are mild, with only occasional snowfalls and average temperatures in the low 50’s, while summer temperatures average in the 80’s.

Salem is host to a number of local and cultural events. From May through October Salem features a weekly market, which emphasizes local products including arts, meats, produce, and baked goods. Additionally, summer includes a Wednesday farmers’ market downtown in Courthouse Square, a Holiday Gift Market in December, and a 60-year-old indoor Saturday Public Market which is open year round. Culturally, Salem is host to the annual World Beat Festival sponsored by the Salem Multicultural Institute. The two day event is held in June at Riverfront Park and features international crafts, music, dance, and food from around the world. Salem is also home to the Salem Stampede (in the International Basketball League) and the Salem-Keizer Volcanoes (a minor league baseball team).

Salem also holds a number of attractions including historical sites and museums, wineries and vineyards, a wide variety of restaurants, a number of state parks, and easy access to outdoor recreational activities. A comprehensive list of Salem’s attractions can be found at the Travel Salem homepage.

Portland is the largest city in Oregon and is located north of Salem in the Willamette Valley. Portland is known for its abundant outdoor activities, creative culture, and coffee and beer enthusiasm. Portland is home to the most total breweries and independent microbreweries of any city in the world and more than 600 food carts and trucks, which contributes to the unofficial slogan of “Keep Portland Weird.” Portland is often voted the Greenest City in America, and has been listed among the 10 best places to retire in the US.

**Programmatic Structure**

Operationally, OSH is a 578-bed hospital comprised of three general levels of acuity. These include, from highest to lowest, 1) Harbors, 2) Trails, and 3) Bridges. More specifically, Harbors is generally considered
to be the admission and stabilization unit for the hospital. Trails is generally considered to be a step-down program for incompetent to proceed clients following initial assessment and stabilization. Bridges is the transition program for Guilty Except for Insanity clients who are nearing the point where they no longer need a hospital level of care. OSH also includes a separate, free-standing neuro-geriatric program (Springs). This program primarily serves clients diagnosed with conditions that require a higher level of care due to neurocognitive disorders (e.g., dementia, traumatic brain injury) or mental illness combined with other severe conditions/medical issues.

OSH serves clients across three general levels of acuity/security and across four commitment types: Incompetent to Proceed (ITP), Guilty Except for Insanity (GEI), Voluntary by Guardian (VBG), and those who are civilly committed. Individuals who have been admitted to the hospital as ITP have been referred by the courts under Oregon Revised Statutes 161.370 to undergo evaluation and receive treatment in order to attain the mental fitness to proceed. Individuals who have been admitted to the hospital after being adjudicated Guilty Except for Insanity and have been committed by the Courts and placed under the jurisdiction of the Psychiatric Security Review Board (PSRB) for treatment and eventual reintegration into a less restrictive environment. Individuals who have been civilly committed have been deemed an imminent danger to themselves or others and are hospitalized until their dangerousness is reduced. Individuals can also be civilly committed to the hospital under Senate Bill 421, which refers to individuals with mental disorders who have committed certain violent or sexual acts and are considered extremely dangerous (not necessarily imminently so) and in need of commitment. These individuals are also under the jurisdiction of the PSRB.

OSH’s long-term treatment and rehabilitation programs emphasize the application of evidence-based practices to promote safety and recovery. OSH provides a centralized system of care based on the “treatment mall” concept. Monday through Friday, clients participate in a total of 20 hours of active, evidenced-based treatment at their corresponding treatment mall with additional opportunities to attend school and work. There is a treatment mall located at each level of acuity. This model allows clients equal access to specialized services by gathering clients with a common treatment need together from throughout the hospital. It also offers more opportunities for healthy socialization, and an approximation of the separation between living and working/learning found in the community. Each client works closely with an interdisciplinary treatment team to develop an individualized treatment plan that incorporates strengths, needs, and preferences.

Psychologists are an integral part of the hospital’s interdisciplinary treatment teams. The psychology department is currently comprised of over 40 doctoral-level psychologists and over 35 masters-level (or experiential equivalent) clinicians. In addition, psychologists also serve in various specialized Psychology Department programs (i.e., Behavioral Psychology Services, Sex Offender Treatment Program, Neuropsychological Services, and Dialectical Behavior Therapy) and in the Forensic and Legal Services Department (i.e., Forensic Evaluation Service, Risk Review).
**Clients Served**

OSH provides services to individuals with a broad array of disorders, emphasizing services for those with serious mental illnesses using empirically supported treatment modalities. OSH also serves as a statewide treatment facility for those individuals with varied legal statuses. As of July 2018, those individuals found incompetent to proceed to trial made up 38.4% of our total population, those individuals found Guilty Except for Insanity made up 35.2%, those civilly committed 19.6%, and those admitted Voluntary by Guardian 6.8%. Therefore, individuals served are admitted on both a voluntary and involuntary basis, at times being committed by the courts for evaluation and/or treatment.

OSH treats a population that is both clinically and demographically diverse. Clinically, individuals served have a wide range of diagnoses, covering virtually all the major categories of the DSM-V. The most common *principle* diagnoses include schizophrenia-spectrum or other psychotic disorders (69.4%), bipolar spectrum disorders (9%), personality disorders (5%), substance abuse disorders (3.4%), depressive disorders (2.6%), Traumatic Brain Injury/Neurological Disorders (2.2%), and developmental disability/intellectual disability (1.4%). Additionally principle diagnoses include, but are not limited to anxiety disorders, autism spectrum disorders, posttraumatic stress disorder, pedophilic disorder, and delusional disorder.

Due to our location and statewide catchment area, we serve many individuals from small communities in rural parts of the state as well as those from urban centers. As of July 2018, our current individual population includes the following: 76.8% Caucasian; 9.5% Other, 8.3% African-American; 1.9% American Indian; and 1.2% Asian. For a combined 1%, other ethnicities include Alaskan Native, Asian/Pacific Islander, and Hawaiian/Pacific Islander. Most individuals are male (75.2%). Also, most individuals are in the 18 to 34 range (40.6%) and 35 to 49 range (34.7%), followed by the 50 to 64 (19.8%) and 65 to 79 (4.9%) age ranges.
Oregon State Hospital Psychology Internship Program

Aims
The aims of the Oregon State Hospital Psychology Internship Program (OSH-PIP) is

- To provide comprehensive and individualized clinical training
- In evidence-based assessment and treatment
- That emphasizes the unique strengths and needs of people in recovery from serious mental illness and
- That prepares professional psychologists to work as general practitioners as well as effectively with forensically-involved clients and other stakeholders.

Program Setting
OSH-PIP’s sponsoring institution is OSH. OSH is a facility that serves forensically-involved clients across three general levels of acuity. For all commitment types, OSH utilizes a strength-based Recovery Model in offering short- and long-term treatment and rehabilitation programs grounded in evidence-based practices for those with serious mental illness. OSH-PIP is a 1-year (12-month) 2,080 hour internship program.

Training Philosophy Overview
Internship training at OSH has an overall aim of producing generalist adult psychology practitioners who have demonstrated the capacity to function autonomously and responsibly and who are well-prepared to acquire and maintain licensure. More specifically, OSH-PIP’s training is based on the Practitioner-Scholar model. OSH-PIP prepares psychology interns to be clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. In addition, through this training as well as through guided exposure, supervised practice, and didactic presentations, interns will increase knowledge and proficiency in the application of psychological principles to psycholegal issues, in the generalization of core clinical skills to persons with severe and persistent mental illness, and in the practice of psychology in an interdisciplinary, forensically-involved setting.

The integration of psychological science and practice is central to our training model. We conceptualize science and practice as complementary and interdependent such that psychological science informs practice and scientific inquiry is guided by professional practice. We view psychological practice as an applied science. In pragmatic terms, our integration of science and practice takes multiple forms. Building upon their doctoral-program learning, interns receive experientially-based training in empirically-validated treatment programs and evidence-based approaches as well as in formal methods of scientific inquiry. We emphasize using objective assessment data from multiple sources to inform
individual treatment planning, evaluate client outcomes, and modify and improve interventions at the individual and programmatic level.

We view the internship year within the overall context of doctoral psychological training and emphasize professional growth and development. Building upon interns’ prior learning, we facilitate their transition from the role of student to that of professional psychologist. An initial, collaborative assessment between supervisor and intern regarding intern strengths, weaknesses, existing knowledge/skill base, specific training needs, and areas of professional interest leads to the development of a rotation contract, which assists in tailoring the specific content of training experiences within each rotation and throughout the year. Assessment of intern competencies and progress is ongoing throughout the year. All training experiences are planned and coordinated such that as interns demonstrate increased competency they are given increased autonomy in professional service delivery and assigned increasingly complex learning tasks. Thus, our training approach is sequential, cumulative, and graded in complexity.

**Profession-Wide Competencies & Learning Elements**

OSH-PIP provides comprehensive training in evidence-based assessment and treatment over the course of a full-time training year. For all profession-wide competencies and related learning elements (listed below), interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. It is expected that by the conclusion of the internship year, interns will have accomplished the following profession-wide competencies and learning elements:

**Professional-Wide Competency 1:** Interns will achieve competence appropriate to their professional developmental level in the area of Research.

**Learning Elements** related to this competence include the achievement of competence in the following:

- To competently discuss relevant research with colleagues
- To critically evaluate and utilize relevant research in evidence-based practice
- To effectively design and/or implement program evaluations

**Professional-Wide Competency 2:** Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and Legal Standards.

**Learning Elements** related to this competence include the achievement of competence in the following:

- To demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct
- To demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing health services psychology at the organizational, local, state, regional, and federal levels
• To demonstrate knowledge of and act in accordance with the APA Specialty Guidelines for Forensic Psychology

Profession-Wide Competency 3: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and Cultural Diversity.

Learning Elements related to this competence include the achievement of competence in the following:
• To be able to develop an adequate level of rapport with most clients and, when applicable, their families
• To demonstrate sensitivity to diversity including those whose group membership, demographic characteristics, and/or worldviews create conflict with their own
• To develop an awareness of one’s own cultural history, attitudes, and biases, and how that may affect their interactions with individuals different from themselves
• To demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to professional practice
• To demonstrate the ability to apply a theoretical framework for working effectively with areas of individual and cultural diversity not previously encountered

Profession-Wide Competency 4: Interns will achieve competence appropriate to their professional developmental level in the area of Professional Values and Attitudes.

Learning Elements related to this competence include the achievement of competence in the following:
• To behave in ways that reflect the values and attitudes of professional practice in psychology (e.g. concern for the welfare of others)
• To engage in activities that promote professional self-awareness and reflection
• To demonstrate openness and responsiveness to feedback and supervision
• To actively seek out and participate in learning opportunities
• To demonstrate professional conduct and interpersonal behavior
• To demonstrate an ability to examine and evaluate the quality and effectiveness of one’s own clinical work
• To utilize appropriate self-care

Profession-Wide Competency 5: Interns will achieve competence appropriate to their professional developmental level in the area of Communication and Interpersonal Skills.

Learning Elements related to this competence include the achievement of competence in the following:
• To develop and maintain effective relationships with colleagues and various stakeholders
• To provide clear, effective written communication in a variety of contexts
• To demonstrate a thorough grasp of professional language and concepts
• To display respectful and professional interpersonal skills
• To demonstrate the ability to manage difficult communications well

Profession-Wide Competency 6: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-Based Practice in Assessment.

Learning Elements related to this competency include the achievement of competence in the following:

• To collect relevant data using multiple sources and appropriate methods based upon the referral question
• To develop and demonstrate accurate diagnostic skills including considerations of diversity
• To select and administer appropriate psychological tests that draw from the best available empirical literature and sound psychometrics
• To demonstrate the ability to accurately and efficiently score and interpret psychological test measures
• To form objective clinical opinions and recommendations
• To demonstrate the ability to utilize assessment writing skills to efficiently produce accurate, high quality, and useful reports
• To provide feedback and communicate findings to relevant stakeholders in a clear, accurate, and conceptually appropriate manner

Profession-Wide Competency 7: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-Based Practice in Intervention.

Learning Elements related to this competence include the achievement of competence in the following:

• To establish and maintain effective relationships with clients
• To develop evidence-based intervention plans specific to the service delivery goals
• To implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
• To demonstrate the ability to apply the relevant research literature to clinical decision-making
• To modify and adapt evidence-based approaches effectively when necessary
• To evaluate intervention effectiveness, and adapt intervention goals and methods when necessary

Profession-Wide Competency 8: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision.

Learning Elements related to this competence include the achievement of competence in the following:

• To demonstrate knowledge of effective supervision
• To demonstrate application of best practices in providing clinical supervision to psychology trainees
Profession-Wide Competency 9: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation and Interprofessional/Interdisciplinary Skills.

Learning Elements related to this competence include the achievement of competence in the following:
- To demonstrate knowledge and respect for the roles and perspectives of other professions
- To effectively provide consultation to other professionals regarding psychological issues
- To function effectively in multidisciplinary and interdisciplinary contexts
**Internship Training Committee Members**

William Newbill, PhD
- Chief of Psychology
- Program Evaluation Supervisor

Ericia Leeper, PsyD
- Co-Training Director
- Forensic Evaluation Service Rotation Supervisor

Kim McCollum, PsyD
- Co-Training Director
- Competency Restoration Program (Lighthouse 2) Rotation Supervisor

Lindsay Ingram, PsyD
- Forensic Evaluation Service Rotation Supervisor
- Secondary Practicum Group Supervisor

Franz Kubak, PhD
- GEI Program (Bridge 3) Rotation Supervisor
- Risk Assessment Minor Rotation Supervisor

Robert Lagattuta, PhD
- Risk Assessment Minor Rotation Supervisor

Drew Orf, PsyD
- Primary Practicum Group Supervisor

Sara Phillips, PsyD
- Geropsychology (Butterfly 3) Rotation Supervisor

Mandy Porter, PsyD
- DBT Rotation Supervisor
- Group Supervision Co-Supervisor

Kimberly Rideout, PsyD
- Competency Restoration Program (Lighthouse 3) Rotation Supervisor

Jennifer Snyder, PhD
- GEI Program (Anchor 1) Rotation Supervisor

Kris Thomas, PsyD
- Neuropsychological Assessment Minor Rotation Supervisor
- Group Supervision Co-Supervisor

**Adjunct Facility**

Mandy Davies, PsyD
- Intern Group Supervisor
**Program Structure**

OSH-PIP offers a one-year, full-time internship beginning and ending in mid-August of each year. The training program is located on the Salem campus of OSH. The start date for the internship is August 15. OSH-PIP’s training is based in the Practitioner-Scholar model. OSH-PIP trains clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice. OSH-PIP provides a range of clinical and didactic experiences that represent the necessary depth and breadth required for the future professional practice of psychology. Depending on their matched program, Interns select among specific rotations which afford training opportunity across levels of acuity as well as across commitment types.

Specifically, interns rotate through two major six-month and two minor six-month rotations throughout the training year, spending approximately three and half days per week in the major rotation and approximately one day per week in the minor rotation, with the remaining time spent in didactic training. Across rotations, interns will complete an average of 10-20 hours per week of face-to-face direct service delivery. In addition, interns participate in a weekly two-hour didactic seminar, which includes an embedded program evaluation seminar; a weekly one-hour group supervision (for three out of four weeks per month); a monthly Intern Group (for general intern support and professional development; one week each month); a three month rotation co-leading group supervision of practicum students; and a monthly meeting with OSH’s Diversity Liaison with the Office of Equity and Inclusion regarding various diversity-related projects at OSH.

Generally, interns select rotations based on their interests, needs, and career goals. Each rotation has specific requirements and expectations, which are discussed more thoroughly below. During OSH-PIP orientation, interns meet with the Training Director(s), identify their preferred rotations, and create their first rotation schedule. Every effort is made to accommodate intern preferences with regard to rotation selection and sequence, though preference cannot be guaranteed (except for the Forensic Evaluation Program discussed below).

OSH-PIP offers two programs with four fulltime internship positions. The Treatment Program (232211) has three intern positions, and the Forensic Evaluation Program (232212) has one intern position. These programs are discussed more specifically below. Additionally, rotation options are also discussed more specifically below in alphabetical order.

**Program Options**

OSH-PIP offers two programs with four fulltime internship positions. The Treatment Program (232211) has three intern positions, and the Forensic Evaluation Program (232212) has one intern position. In each program and across the training year, the interns rotate through two six-month major and two six-month minor rotations. Interns spend approximately three and half days per week in a major rotation and approximately one day per week in a major rotation with the remaining time spent in didactic training and additional training activities. Within each program, OSH-PIP provides a range of clinical and
didactic experiences that represent the necessary depth and breadth required for the future professional practice of psychology. Across rotations, interns complete an average of 10-20 hours per week of face-to-face direct service delivery. OSH-PIP’s training is based in the Practitioner-Scholar model. OSH-PIP trains clinical psychologists who are effective consumers of research and who utilize scholarly inquiry to inform their practice.

**Treatment Program Positions**

The OSH-PIP Treatment Program positions (three interns) focus on learning evidence-based treatment interventions across a range of clinical and didactic experiences representing the necessary depth and breadth required for the future professional practice of psychology. Interns will rotate through two major and two minor rotations throughout the training year, which are listed in the *Rotation Options* section below. The interns participating in the Treatment Program can select from a variety of treatment rotations (offered as major and minor rotations) as well as from several assessment-based minor rotations. The interns participating in the Treatment Program cannot rotate through the Forensic Evaluation Service as a major rotation but can rotate through as a minor rotation. Again, across rotations, interns will complete an average of 10-20 hours per week of face-to-face direct service delivery.

**Forensic Evaluation Program Position**

The OSH-PIP Forensic Evaluation Program position (one intern) focuses on learning to competently complete outpatient and inpatient court-ordered forensic evaluations (primarily competency to stand trial evaluations) within a state hospital system for counties across Oregon pursuant to Chapter 161 of the Oregon Revised Statutes. The intern participating in the Forensic Evaluation Program position will also learn evidence-based treatment interventions across clinical and didactic experiences representing the necessary depth and breadth required for the future professional practice of psychology. This intern is guaranteed a major Forensic Evaluation Service rotation and a minor Competency Restoration Program rotation (this minor rotation is optional). This intern cannot rotate through the Forensic Evaluation Service as an additional minor rotation or the Competency Restoration Program as a major rotation. Additionally, as alluded to above, to complete their training year, this intern will also rotate through a treatment-focused major rotation and can select from a variety of treatment rotations and from two assessment-based rotations for their minor rotation(s). Again, across rotations, interns will complete an average of 10-20 hours per week of face-to-face direct service delivery.

**Clinical Rotations**

**Competency Restoration Program**

*Interns may elect to work within the competency restoration program for a major rotation or for a minor rotation depending on the OSH-PIP program they are matched to (i.e., Treatment Program or Forensic Evaluation Program). Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.
*Interns may elect to work within the competency restoration program for a major rotation or for a minor rotation. Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.

The competency restoration program serves clients (male and female) who have been committed to the hospital by a circuit court judge pursuant to Oregon Revised Statute 161.370 as incompetent to proceed to court (also referred to as unable to aid and assist). Services provided are focused on identifying clients’ barriers to competency and aiding in their restoration to competency. Once deemed competent to proceed (by a certified forensic evaluator from OSH’s Forensic Evaluation Service), clients typically return to their committing county jail in order to proceed with their legal case. Many of these clients present with acute symptoms of mental illness and/or cognitive impairments that interfere with their factual and rational understanding of the legal proceedings against them. Challenging personality disorders, substance use disorders, and response style issues (e.g. overreporting, underreporting) are also common.

Interns who choose a rotation within the competency restoration program are provided with a strong focus on clinical interviewing and psychological assessment (e.g. testing for psychopathology, personality, cognition, response style). Additionally, interns attend daily nursing report meetings as well as regular Interdisciplinary Treatment Team meetings, develop and implement behavioral management plans, and carry out group and individual interventions with a focus on addressing barriers to competency. Opportunities may become available to attend court hearings and observe competency evaluations.

More specifically, interns can be assigned to the following treatment units:

1. **Lighthouse 2**: Admissions unit serving male clients deemed incompetent to proceed.
2. **Lighthouse 3**: Admissions unit serving female clients deemed incompetent to proceed.

The following are the listed goals and plans for training as indicated in the Competency Restoration Program Rotation Contract. Also, additional goals and plans can be added based on supervisor and intern input.

**Goals of Training:**

1. Learn about the competency restoration process and associated client populations.

2. Gain supervised experiences with a range of clinical interventions, including clinical interview, psychological assessment, and individual and group interventions.

3. Gain supervised experiences specifically conducting clinical interviews and mental status examinations, with particular focus on identifying active signs or symptoms of a qualifying mental disorder.
4. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question).

5. Provide individual intervention to assigned clients (e.g., individual skills building with particular focus in restoration to trial competency).

6. Provide group intervention based on client problems and preferences (e.g., group-based skill building with particular focus in restoration to trial competency).

7. Become an active member of interdisciplinary treatment team meetings and other unit/program based meetings.

Plan for Training:
1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OAR).

2. Become familiar with the Competency Restoration Toolkit, and other restoration resources.

3. Participate in assigned training(s).

4. Provide individual skills intervention to 2 or more clients weekly as assigned, co-lead at least 2 competency restoration groups weekly as assigned, and other specified interventions as assigned (e.g., clinical admission, unit transfer interviews).

5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.

6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

**Dialectical Behavior Therapy (DBT) Program**

*Interns may elect to work within the DBT program for a major rotation or for a minor rotation. Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.*

The focus in the DBT program is on assessment and provision of treatment for individuals diagnosed with Borderline Personality Disorder. People with other diagnoses may also participate in the program if they experience difficulty with emotion regulation, interpersonal effectiveness, non-suicidal self-injurious behavior, or suicidal ideation and attempts. Members of the Interdisciplinary Treatment Team have typically been intensively trained by clinicians from Behavioral Tech (founded by Dr. Linehan) or by Portland DBT (directed by Dr. Dimeff). Direct-service aide-level staff receive four hours of formal didactic training monthly, and interns can lead some parts of this training. In addition, interns participate in co-leading skills groups, individual therapy, and treatment team meetings focused on individual clinical and programmatic issues.
Interns working within the DBT program are assigned to the following treatment unit:

1. **Anchor 1**: All male admissions unit serving primarily GEI clients, though a small number of Incompetent to Proceed clients are sometimes housed on this unit as well.

The following are the listed goals and plans for training as indicated in the DBT Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

**Goals of Training:**

2. Provide individual DBT to assigned clients.
3. Lead DBT skills groups.
4. Provide coaching to individual therapy clients, if applicable.
5. Participate and collaborate with the treatment team.
6. Become an active member of a DBT consultation and implementation team.

**Plan for Training:**

2. Participate in assigned training(s).
3. Provide individual DBT to 1 or more clients weekly and co-lead at least 1 group of DBT skills training and other specified interventions as assigned. Participate in team meetings as assigned. Provide routine feedback to the team and interact during any meetings.
4. Participate in a weekly consultation and implementation team meeting.
5. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with DBT, in-vivo supervision may occur.

**Forensic Evaluation Service**

*Interns may elect to work within the forensic evaluation service for a major rotation or for a minor rotation depending on the OSH-PIP program they are matched to (i.e., Treatment Program or Forensic Evaluation Program). Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.

The **Forensic Evaluation Service** (FES) completes outpatient and inpatient court-ordered evaluations for counties across Oregon pursuant to Chapter 161 of the Oregon Revised Statute. Orders primarily involve
initial competency to stand trial (CST) evaluations pursuant to ORS 161.365 for clients residing in county
custody for one-day evaluations at the hospital or evaluations pursuant to ORS 161.370 for clients
residing at the hospital and already determined incompetent to proceed by the court. Additional orders
involve criminal responsibility and diminished capacity evaluations.

Interns who choose a rotation within FES will have the opportunity to participate in the evaluation
process including and not necessarily limited to record review (hospital records, police reports, collateral
records), contacting collateral sources, interviewing, administering and interpreting psychological
testing, and report writing as well as the possibility of witnessing and/or offering testimony. Interns may
also screen clients already admitted to OSH for evaluation readiness. As the rotation progresses, the
interns’ responsibility for aspects of the evaluation process will increase based on experience and skill.
By the end of the rotation, the supervisor may submit some (or all) of the intern’s completed work to
the Court with a co-signed report. In this rotation, the intern will work with a primary supervisor, but will
also have the opportunity to observe/work with the other evaluators in the department. Interns will
receive at least one hour of individual supervision per week.

Interns working within the Forensic Evaluation Service will have nearly hospital-wide client contact.

The following are the listed goals and plans for training as indicated in the Geropsychology Minor
Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor
and intern input.

Goals of Training:

1. Learn to conduct court-ordered forensic evaluations answering legal questions posed by the Court

2. Gain experience completing structured and unstructured psychological assessment within a
forensic context including administering related psychological testing (e.g., measures of
psychopathology, intellect, malingering)

3. Obtain an understanding of the interaction between the courts and the mental health profession
and how psychological data is used in the legal process

4. Develop an advanced understanding of the DSM diagnostic criteria and how that overlaps with
the legal term of qualifying mental disorder

Plan for Training:

1. Become familiar with completing court-ordered evaluations by reviewing the relevant literature
   and related case law

2. Become familiar with the relevant Oregon Revised Statutes (ORS) and Oregon Administrative
   Rules (OARs)
3. Prepare for (record review) and participate in forensic interviews and related assessment interviews

4. Participate in assigned trainings including report writing to include draft reports, sections of submitted reports, and/or full reports for submission to the Court

5. Participate in the weekly FES meeting for case assignments and case consultation

6. Participate in the weekly FES continuing education meeting

7. Participate in weekly FES intern didactics

8. Participate in weekly supervision

**Geropsychology Program**

*Interns may elect to work within the Geropsychology program for a major rotation or for a minor rotation. Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.*

The Geropsychology program provides care and treatment to older adults with severe and persistent mental illness, traumatic brain injuries, and disease processes known to affect the central nervous system. Clients in this program demonstrate a wide range of neurocognitive disorders along with chronic medical problems that require substantial nursing care needs and medical monitoring. Due to the complexity of this client population, there is a heavy emphasis on understanding the relationship between physical and mental health. Interns who choose a rotation within this program have the opportunity for individual and group therapy, neuropsychological assessment, and interdisciplinary consultation. Interns also participate in the development of treatment plans that address very specific biopsychosocial needs through an integrative, interdisciplinary approach with a goal of helping patients return to a less restrictive environment.

Interns working within the Geropsychology program are assigned to the following treatment unit:

1. **Butterfly 3:** Co-ed unit serving older adults committed pursuant to all four commitment types.

The following are the listed goals and plans for training as indicated in the Geropsychology Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

**Goals of Training:**

1. Learn about the unit based programming including aspects of health, gero-, and neuropsychology, and associated client populations including all commitment types, most predominantly those clients who are civilly committed and committed as Voluntary by Guardian.
2. Gain supervised experiences with a range of clinical interventions, including clinical interview, psychological assessment, and individual and group interventions.

3. Gain supervised experiences specifically conducting clinical interviews and mental status examinations with a particular focus on identifying active signs or symptoms of mental illness and cognitive impairment, the impact of any medical and psychology sequelae, and any associated general risk including in the context of discharge planning.

4. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question with a prominent emphasis on cognitive functioning).

5. Provide individual intervention to assigned clients (e.g., individual skills building with particular focus in symptom reduction, illness recovery and management, medical and psychology sequelae).

6. Provide group intervention based on client problems and preferences (e.g., group-based skill building with particular focus in symptom reduction, illness recovery and management, medical and psychology sequelae).

7. Become an active member of interdisciplinary treatment team meetings and other unit and program based meetings.

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OAR).

2. Become familiar with the unit-based programming and other treatment resources as assigned.

3. Participate in assigned training(s).

4. Provide individual skills intervention to 2 or more clients weekly as assigned, and co-lead at least 2 recovery groups weekly as assigned, and other specified interventions as assigned (e.g., clinical admission and/or unit transfer interviews).

5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.

6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

Guilty Except for Insanity (GEI) Program

*Interns may elect to work within the GEI program for a major rotation or for a minor rotation. Assigned direct client contact hours will vary depending on whether the rotation is a major or minor.
Clients within this program have been adjudicated GEI and committed to the hospital due to the ongoing risk they pose to themselves or others. In addition to those who have recently been found GEI, this population includes those who have had their conditional release revoked (e.g., due to their level of dangerousness in the community, increase in difficult to manage symptoms). Most individuals are admitted to one of the two acute stabilization units (Anchor 1 and Lighthouse 1), where the focus is on initial assessment, treatment care plan development, psychiatric and behavioral stabilization, and treatment engagement in preparation to move forward within the hospital setting. Individuals who demonstrate stable behavior, who refrain from verbal and physical aggression, and who engage in treatment may transfer to one of several step-down units (including Bridge 3) focused on preparing individuals to request and use privileges and eventually move forward to community placement. Some individuals who have shown psychiatric and behavioral stability in the community or in a jail setting may be admitted directly to one of these lower-acuity units. The goal of these units is to help clients achieve their highest level of health, safety, and independence as they prepare for discharge or conditional release to a community setting. Often at this point in treatment, mental illness is stable and the focus is on personality and substance use problems and relapse prevention planning.

Interns who choose a rotation within the GEI program on Anchor 1 or Lighthouse 1 participate in a variety of direct care services, including assessment with regard to various diagnostic and treatment questions, co-leading group treatment focused on the development of skills to help regulate emotional and cognitive functioning, and individual treatment to help strengthen coping skills and help clients deal with their circumstances. In addition, interns attend daily nursing report meetings as well as regular Interdisciplinary Treatment Team meetings. Opportunities are sometimes available for didactic and practical experience in specific areas such as violence risk assessment and functional assessments of behavior. Opportunities may be available to attend court hearings and other meetings regarding client privileges as well as readiness for conditional release planning.

Interns who choose a rotation within the GEI program on Bridge 3 provide individual and group therapy to clients in the program, and conduct assessments necessary for the clients to leave the hospital, with a focus on mitigation of risk. Additionally, interns attend daily nursing report meetings and participate in ongoing Interdisciplinary Treatment Team meetings with a focus on discharge planning. Opportunities may become available to attend court hearings and other meetings regarding client privileges as well as readiness for conditional release planning.

More specifically, interns can be assigned to the following treatment units:

1. **Lighthouse 1**: All male admissions unit serving primarily GEI clients, though a small number of Incompetent to Proceed clients are sometimes housed on this unit as well.

2. **Anchor 1**: Coed admissions unit serving primarily GEI clients, though a small number of Incompetent to Proceed clients are sometimes housed on this unit as well.
3. **Bridge 3:** All-male step-down unit serving GEI clients.

The following are the listed goals and plans for training as indicated in the GEI Program Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

**Goals of Training:**

1. Learn about the GEI commitment process, the role of the Psychiatric Security Review Board (PSRB) and associated client populations.

2. Gain supervised experiences with individual interventions (e.g., individual skills building with particular focus in symptom reduction, illness recovery and management).

3. Gain supervised experiences with group intervention (e.g., group-based skill building with particular focus in symptom reduction, illness recovery and management).

4. Gain supervised experiences specifically conducting clinical interviews and mental status examinations, with particular focus on identifying active signs or symptoms of a qualifying mental disorder and any associated risk.

5. Complete psychological testing as assigned and in conjunction with supervisor input (e.g., identifying appropriate psychological measures based on the referral question).

6. Become familiar with the relevant violence risk-related body of research and with associated measures and tools.

7. Become an active member of interdisciplinary treatment team meetings and other unit and program-based meetings.

**Plan for Training:**

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and the relevant Oregon Administrative Rules (OAR).

2. Become familiar with the unit-based programming and other treatment resources as assigned.

3. Participate in assigned training(s).

4. Provide individual skills intervention to 2 or more clients weekly as assigned, co-lead at least 2 recovery groups weekly as assigned, and other specified interventions as assigned (e.g., clinical admission and/or unit transfer interviews).

5. Participate in daily morning meetings as well as interdisciplinary treatment team meetings as assigned. Provide any necessary feedback to the team during meetings.
6. Meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with unit programming, in-vivo supervision may occur.

**Neuropsychology Assessment Program**

*Interns may only work within the Neuropsychology Assessment program for a minor rotation.*

The Neuropsychology Assessment program offers neuropsychological consultative services to units and Interdisciplinary Treatment Teams across the hospital, including those serving clients of various commitment types. Interns who select a Neuropsychological Assessment rotation gain experience in the practice of clinical neuropsychology in a forensic inpatient psychiatric setting. In addition to developing the intern’s understanding of the practice standards in clinical neuropsychology, this rotation focuses on increasing the intern’s familiarity with brain-behavior relationships and the methods and measurements utilized to assess brain functioning, from the initial neurobehavioral exam to more advanced assessment instruments. Additional attention is given to the role of the neuropsychological consultant within the hospital setting, appreciation for the complex utilization of the literature to advance knowledge and analysis of assessment and behavioral data, the development of skills in the communication of results and recommendations through the report, and providing feedback to staff and clients. This rotation can be adapted for interns with only beginning experience in neuropsychological assessment who are interested in obtaining preliminary training to augment a more generalist orientation or tailored to more advanced students who may be pursuing future training and practice in neuropsychology.

*Neuropsychological Assessment is a non-unit-based rotation.*

The following are the listed goals and plans for training as indicated in the Neuropsychology Assessment Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.

**Goals of Training:**

1. Become knowledgeable regarding the practice and associated competencies of neuropsychology assessment as a sub-discipline of psychology.

2. Become familiar with the unique factors associated with neuropsychological consultation and evaluation within an inpatient psychiatric setting and the assessment of forensic clients.

3. Understand and appreciate the neuropsychological functions associated with psychological and neurocognitive disorders.

4. Understand the relationship of specific measures with neurocognitive functioning and gain supervised experience practicing and administering measures, as well as interpreting resulting data.

5. Become adept at engaging neuropsychological literature as a part of evaluating test and behavioral data.
6. Develop proficiency in integrating assessment data, writing reports, and providing appropriate treatment recommendations.

7. Understand the role of the neuropsychologist as a consultant, including clarifying brain-behavior relationships and identifying methods of assessment to meet treatment goals.

8. Participate in select trainings (as assigned by supervisor).

Plan for Training:

1. Become familiar with the relevant Oregon Revised Statutes (ORS) and relevant Oregon Administrative Rules (OARs).

2. Complete assigned readings on relevant topics related to forensic neuropsychology, neuropsychological assessment, and general assessment within an inpatient psychiatric setting.

3. Complete neuropsychological assessments (NPs) as assigned (shadowing → observed → independent). NPs will include consultation with team/referring providers, clinical interview and administration of relevant assessment measures/tools according to the referral question (i.e., mental status, administration of relevant measures, obtaining of appropriate historical/contextual data, summarization of information in report form) and provision of feedback.

4. Participate in assigned training(s) as assigned.

5. Participate in training of hospital staff as assigned.

6. Meet with the rotation supervisor at least one hour per week.

**Risk Assessment Program**

*Interns may only work within the Risk Assessment program for a minor rotation.*

Following GEI adjudication, patients are placed under the jurisdiction of the Psychiatric Security Review Board whose primary mission is protection of the public. As such, assessment of risk for violence, formulation of violence risk factors, and development of risk management strategies are important tasks for psychologists. Assessment of risk is provided throughout various programs, but several psychologists with advanced interest and training in risk assessment conduct comprehensive violence and other risk assessments when clinically indicated or when these assessments are required prior to an individual being conditionally released. Interns who select a rotation in Risk Assessment learn more about risk, risk assessment, and associated issues such as psychopathy. *Risk Assessment is a non-unit-based rotation.*

The following are the listed goals and plans for training as indicated in the Risk Assessment Minor Rotation Contract. As previously indicated, additional goals and plans can be added based on supervisor and intern input.
Goals of Training:
1. Become familiar with the relevant violence risk related body of research and with associated instruments, assessment strategies, etc.
2. Become familiar with the relevant body of research pertaining to psychopathy.
3. Learn about the Guilty Except for Insanity (GEI) commitment process including the role of the Psychiatric Security Review Board (PSRB) and Forensic Risk Review.
5. Participate in select trainings (as assigned by supervisor) of hospital staff with regard to violence risk assessment including, but not limited to, trainings on the implementation of the Short-Term Assessment of Risk and Treatability (START).

Plan for Training:
1. Become familiar with the relevant Oregon Revised Statutes (ORS) and any relevant Oregon Administrative Rules (OAR).
2. Complete assigned Violence Risk Assessments (VRAs). VRAs will include clinical interview (with supervisor present) and administration of relevant assessment instruments (i.e., the Historical, Clinical, Risk Management-20 Version 3 [HCR-20 V3], the Psychopathy Checklist-Revised [PCL-R], and the Short-Term Assessment of Risk and Treatability [START]).
3. Participate in assigned training(s).
4. Participate in training of hospital staff as assigned.
5. Meet with the rotation supervisor at least one hour per week.

**OSH-PIP Training Requirements**

**Direct Client Contact Hours**
Interns are expected to spend a minimum of 25% (per APPIC) of their time in direct client contact (e.g., delivering clinical interventions, conducting assessments). This equates to a minimum of 520 hours throughout the course of the training year, or approximately 10 hours per week (of 52 weeks).

**Individual & Group Therapy**
Throughout the internship year, interns are expected to carry a caseload of individual clients as well as co-facilitate group therapies. Individual clients and groups will be assigned by the
rotation supervisors at the outset of the rotation, and the number of clients and groups will be
determined by the needs of the rotation and the training needs of the intern.

**Individual Supervision**
Interns receive a minimum of four hours a week of supervision, which includes three hours per
week of individual, face-to-face supervision. Interns receive individual supervision 1.5 hours per
week with their major rotation supervisor, 1 hour with their minor rotation supervisor, and .5
to 1 hour per week with their assigned Training Director. The time with the assigned Training
Director will focus on administrative issues, internship requirements, quality of intern training,
and review of direct client contact hours.

Interns may receive additional supervision depending on their needs and level of competence.
Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains
must be closely supervised as determined by the supervisor or designee during client contact
until re-evaluated and rated at level 2 (Beginning Competence) by a supervisor. This is to ensure
that interns receive the level of supervision needed from the outset.

**Group Supervision**
Throughout the course of the training year, interns will meet for one hour weekly (for three
weeks per month) for group supervision with two OSH Psychology Department members.
Group supervision will involve weekly review of various clinical cases (i.e., therapy and
assessment).

**Monthly Intern Group**
Intern Group occurs one week per month, and occurs on the off week of the above-mentioned
group supervision. This time should act as an intern support group as well as a forum for interns
to reflect upon and receive feedback from others about overall professional development. This
forum is also an opportunity to offer supervisory feedback to others. Interns are encouraged to
bring up issues related to working effectively with supervisors and other staff with the
assurance that these issues will be held in confidence (barring any ethical violations). Rather
than “rescuing” the intern, the approach will be to view this as an opportunity for professional
growth, and the group will assist the intern to develop strategies for handling such occurrences,
which are not an unusual part of professional work in any organization. Examples of other
issues that may prove productive are career paths, short- and long-term career goals, time
management, managing interpersonal style in meetings, professional roles, treatment team
dynamics, organizational systems dynamics, managing stress, avoiding burnout, managing
workload, and working effectively with paraprofessionals. Please note that lengthy, unresolved
conflicts may be reported to the Training Director(s) and/or the Chief of Psychology by the group supervisor in order to facilitate a successful resolution.

**Supervision of Practicum Students**

Interns are also involved in the group supervision of several practicum students working toward their doctoral degrees (PhD/PsyD) in clinical psychology. These students are in the third or fourth year of doctoral training. Starting the third week in September, each intern completes about a three-month rotation co-facilitating practicum group supervision with an OSH licensed psychologist. Interns also receive supervision of supervision and training in the Integrative Developmental Model (IDM) of supervision.

**Case Presentations**

Interns are expected to complete two case presentations throughout their training year: one pertaining to a psychological assessment and one pertaining to an individual therapy case. These presentations take place near the 6th month of the internship and near the 12th month of the internship. Formal evaluations are completed by members of the Internship Training Committee (ITC) using the Intern Case Presentation Rating Form. Interns receive training in case formulation and case presentation during OSH-PIP orientation. At that time, interns will receive specific information regarding procedures, processes, and expectations with regard to case presentations, including a mock presentation from group supervisors.

The following information reflects the format for the case presentations.

1. **Identification**
   a. Identifying information includes basic demographic information (age, sex, marital status, occupation, legal status).
   b. Presenting problem or chief complaint. Why is the person here? What is the reason for assessment or treatment? Legal Status?

2. **Personal/Family/Psychosocial History**
   a. Family history
   b. Childhood and adolescent problems
   c. Past employment, education, relationships
   d. Substance abuse history
   e. Pertinent medical history

3. **History of presenting problem**
   a. Events leading to current admission
   b. When the illness first manifested itself
   c. Pattern and course of symptoms over time
d. Previous treatments

e. Co-morbidities (Other Diagnoses, Substance Abuse)

4. Course of current treatment/hospital course (3-6 months)

5. Mental status on interview (e.g., appearance, behavior, thought processes, speech, attitude)

6. Assessment (if presenting an assessment case)
   a. Testing and data
   b. Integration of other data with testing results

5. Treatment (if presenting a treatment case)
   a. Need/rationale for treatment
   c. Goals (yours, the treatment team’s, and the client’s)
   d. Treatment modality or approach and why that approach was selected
   e. Client response to therapy
   f. Client progress and frustrations (yours & the client’s)

6. Diagnoses and formulation

7. Recommendations

8. Consultation questions for consideration, or questions you would like answered

Be brief! Sections 1-4 should take approximately 15-20 minutes, with an additional 10-15 minutes devoted to a discussion of assessment and treatment issues as well as a description of the consultation questions. The remaining time will be devoted to case discussion with the faculty.

Consider relevance - Not all information you know about the individual is relevant. Consider what to include and what to skip. You will have additional time to elaborate during discussion. Attempt to present information that frames the question or point you bring to the presentation.

Prepare - Know what you plan to say and what questions you wish to raise. Avoid rambling and being tangential. Lengthy and detailed handouts or slides are discouraged, as much of the information provided should already be familiar to you and easily described to the faculty.

Try to avoid defending yourself - Be open to feedback and alternative perspectives. Remember that the goal of the case presentation is to seek consultation for client care and learn from others regarding a complex case.

*Remember that ethical, legal, and client diversity issues should be addressed throughout the relevant sections of your presentation. Consider aspects of Hays’s ADRESSING Model throughout your presentation.
**Didactic Seminars**

Interns participate in weekly didactic seminars. The didactic seminars are designed to build upon prior academic preparation and clinical training, and to complement interns’ experiential clinical training based on the aims, profession-wide competencies, and learning elements of the training program. The didactic seminars prepare interns to face a wide variety of professional issues and circumstances that they are likely to encounter throughout their careers.

Interns receive the didactic seminar schedule during OSH-PIP orientation. By the end of the year, each intern will present a didactic seminar. Interns may opt to present their dissertation. Each intern’s presentation will be evaluated using either the Didactic Evaluation Form or the Intern Dissertation Rating Form.

**Program Evaluation**

OSH-PIP interns receive training in applied program evaluation. During OSH-PIP orientation, interns receive an introduction to program evaluation. From roughly September to May, they will receive training in applied program evaluation in 5, 2-hour trainings. Specifically, the instructor utilizes the model developed by the Centers for Disease Control to provide instruction in program evaluation and applied research. This model includes coverage of the following areas, with special attention on how these issues are manifested in an interdisciplinary setting:

1) How to identify and engage stakeholders.
2) How to describe the program, including the use of “logic models” or graphic representations of the resources invested in a program, and the causal pathways that lead to short-term and long-term outcomes.
3) How to design an evaluation to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible.
4) How to consider the purpose of the program, users of the program, users of the evaluation, the questions that will be answered, and methods for answering those questions with as much confidence as possible.
5) How to develop *a priori* agreements between stakeholders and evaluators regarding such things as what particular patterns of outcomes might mean and what action might be taken given different scenarios.
6) How to gather credible evidence to strengthen evaluation judgments and the recommendations that follow.
7) How to justify conclusions by linking them to the evidence gathered and judging them against agreed-upon values or standards set by the stakeholders including using these
five elements: standards, analysis/synthesis, interpretation, judgment and recommendations.

8) How to ensure use and share lessons learned with these steps: design, preparation, feedback, follow-up, and dissemination.

The interns are supported in taking these lessons and applying them to design, and (where possible) conduct their own program evaluation at OSH. Interns work independently on their evaluations (or proposals for evaluations) from May to mid-August, receiving ongoing supervision and consultation from the instructor on an as needed basis.

**Diversity Trainings**

Interns participate in a monthly meeting with OSH’s Diversity Liaison with the Office of Equity and Inclusion, a Division of the Oregon Health Authority, to participate in discussions, research, and developing and conducting diversity-related trainings. Additionally, interns have the opportunity to participate in an OSH Diversity Committee subcommittee. These subcommittees include Veterans for Progress, LGBTQ+, Peer Advisory Council, and Native Advisory Council. Interns also have the opportunity

**Other Training Opportunities**

Interns have the opportunity to attend weekly Psychiatry Grand Rounds and other trainings provided by OSH. Interns will also attend cultural diversity training as well as the annual Diversity Conference during their training year.
OSH-PIP Intern Evaluation

The following summarizes the OSH-PIP Intern Evaluation Procedures. Please see the attached OSH-PIP Protocol 4.506 for more specific details.

During OSH-PIP orientation, interns evaluate themselves using the Intern Evaluation Form, which evaluates interns on constructs consistent with APA’s required profession-competencies and OSH-PIP’s learning elements.

The OSH-PIP Intern Evaluation Form describes these competencies in greater detail and covers all nine required competency domains using a four-point rating scale:

- Level 1 – Dependent Competence
- Level 2 – Beginning Competence
- Level 3 – Intermediate Competence
- Level 4 – Advanced Competence

Interns review and discuss their completed self-assessment form with the Training Director(s). Also during this time, interns discuss related experience and/or hypothetical and sample cases.

At the outset of the first major and minor rotation, rotation supervisors review the interns’ completed self-assessment. The rotation’s specific tasks, requirements, and expectations are also reviewed by the rotation supervisor. At this time, the supervisor and intern complete a rotation contract. The rotation contract includes the goals set by the supervisor as well as the rotation-specific individual training goals identified by the intern. The rotation contract may be modified as the year progresses to meet each intern’s needs and interests.

Interns are formally evaluated throughout the year. The primary instruments used to guide formal evaluations of intern performance are the OSH-PIP Intern Evaluation Form, the Intern Case Presentation Evaluation Form, and the Intern Dissertation/Didactic Evaluation Form, all of which are explained to interns during orientation.

The Intern Evaluation Form is completed four times annually, at the mid- and end-points of each major and minor rotation, by each intern’s major and minor rotation supervisors. Upon completion, the Training Director(s) receives the signed form, reviews, and co-signs. Interns receive a copy of all completed evaluations.

Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains must be closely supervised as determined by the supervisor or designee during client contact until re-evaluated and rated at level 2 (Beginning Competence) by a supervisor. This is to ensure that interns receive the level of supervision needed from the outset. If at any time, the ITC
specifies that an intern is not making satisfactory progress, then a remediation plan is required (please refer to OSH-PIP 4.507 Due Process Protocol for the specific details).

In order to successfully complete the internship, interns must satisfactorily attend and complete all required service and training activities, and have completed a sufficient number of hours to qualify for a one-year, full-time internship experience. In addition, interns must receive supervisory ratings of at least Level 3 (Intermediate Competence), the minimum level of achievement, or higher (except for the individual supervision competency) by the end of the internship year in order to successfully complete the internship.

Of note, informal evaluation and feedback are ongoing throughout the training year. Supervisors are expected to provide interns with timely, frequent, and ongoing feedback regarding their performance. It is our philosophy that providing such feedback in a collaborative manner serves to enhance the learning experience, reduce anxiety about evaluation, and avoid “surprises” at the time of more formal evaluations. In addition, intern progress is discussed by major and minor rotation supervisors during monthly ITC meetings.
OSH-PIP Program Evaluation

OSH-PIP engages in data collection for quality improvement purposes on an ongoing basis, and the Training Director(s) review these data for purposes of performance improvement. Please see OSH-PIP 4.509 Program Evaluation Protocol for specific details.

Interns complete a Supervisor Evaluation Form at the mid- and end-points of each major and minor rotation in order to provide feedback about their supervisors and experiences. Interns are also encouraged to provide any feedback directly to their supervisors.

Interns complete the Didactic Evaluation Form weekly following each didactic seminar presentation. Feedback will also be shared with the didactic presenter.

Interns complete the Program Evaluation Form, which provides comprehensive feedback regarding the internship program, at the mid- and end-point of the training year. Interns forward their completed forms to their assigned Training Director. Feedback from these forms will also be shared with the Chief of Psychology and the ITC.

The Training Director(s) will send an Alumni Survey to each intern, which surveys information related to professional roles and accomplishments as well as impressions of the training they received within the program, to graduates of OSH-PIP.
Quick Reference for All OSH-PIP Training Requirements

General Requirements

- Complete a weekly activity log describing your training hours. This must be emailed to the assigned Training Director each week.
- Complete a weekly didactic seminar evaluation form. This must be emailed to the assigned Training Director each week.
- Complete evaluations of each supervisor at the mid- and end-points of each major and minor rotation and turn into the Training Director(s). If a Training Director is your supervisor, send the form to the other Training Director.
- Intern evaluations are completed by your major and minor rotation supervisors at the mid- and end-points of each rotation. Once reviewed and signed by intern and supervisor, evaluations should be submitted to the Training Director(s).
- At the mid- and end-points of the internship, complete the Program Evaluation Form regarding your internship experience. Submit to the Training Director(s).

Clinical Requirements

- Complete 2080 hours of training with a minimum of 25% (520 hours) direct client contact hours
- Complete 2 major, six-month rotations
- Complete 2 minor, six-month rotations
- Complete 3-month practicum group supervision rotation
- Maintain a caseload of individual clients
- Co-lead assigned group therapy & psychoeducational groups
- Complete psychology assessments as assigned by supervisor
- Complete two case presentations (1 therapy & 1 testing assessment)
- Present didactic topic, dissertation, or program evaluation related work

Supervision Requirements

- Attend 1.5 hour per week of individual supervision with major rotation supervisor
- Attend 1 hour per week of individual supervision with minor rotation supervisor
- Attend .5 - 1 hour per week of individual supervision with the assigned Training Director
- Attend 1 hour per week (for three weeks of the month) of group supervision
- Attend 1 hour per month of Intern Group
- Participate in supervision of supervision during Practicum Group Supervision rotation

Training Requirements

- Attend 2-hour weekly didactic seminars including program evaluation trainings
- Participate in a monthly meeting with OSH’s Diversity Liaison with the Office of Equity and Inclusion regarding various diversity-related projects at OSH
OSH-PIP General Information

**Stipend, Benefits, Hours, Time, & Attendance**

Each intern receives a stipend of $32,328 annually, paid monthly on the 1st of each month beginning 9/1. Electronic deposit of paychecks is available. *The last paycheck of the internship year is paper-issued, delivered either in-person or by mail. Interns should prepare accordingly.* Interns are expected to work 40 hours per week and complete 2080 hours of employment, which includes leave time. Standard work hours are Monday through Friday, 8:00am to 5:00pm, with a one hour lunch break as well as two 15-minute breaks. Interns cannot work during holidays, evenings, or weekends, as supervisors are not present to ensure their safety and oversee their clinical and training responsibilities (without prior approval, discussed below). Interns must use the badging API system when arriving to work in the morning and when leaving work in the evening. Interns do not need to badge for the lunch period or the allotted 15-minute breaks.

Each intern is eligible for all benefits afforded to full-time hospital employees including medical benefits with dental and vision, life insurance, vacation and sick leave, and 10 paid holidays. Interns accrue 8 hours of both vacation and sick leave per month. Interns also receive 24 hours of personal business leave for the internship year. Additionally, interns receive 8 hours of Governor’s Leave to be used between Thanksgiving and New Year’s Day. Finally, interns are eligible for Family and Medical Leave (FMLA), which includes parental leave (maternity/paternity leave). An employee’s FMLA leave entitlement is limited to 12 weeks per leave in a 12-month time period, regardless of the different leave types used.

*Per HR, every new OSH employee (including interns) will be placed on 6-month trial service, during which time vacation time and personal business leave cannot be used. Employees are able to use sick time, Governor’s Leave, comp time, and overtime during this initial 6-month period. For HR purposes, interns fall under “Student Human Services Worker,” which is a non-union represented position. With that delineation, interns can, with prior approval and on a limited basis, work over 40 hours in a given week (to be accumulated as “comp time accrued” or CTA and used later as “comp time leave” or CTL). Alternately, interns are eligible for overtime after reaching 40 hours in a work week. Again, this must be pre-approved and occur on a limited basis, when an intern does not want to use that time later.*

All leave time must be submitted through the API system and pre-approved by the intern’s assigned Training Director. The intern is responsible for notifying supervisors and clients of any anticipated absences and for making arrangements for group coverage. For sick time, interns
must follow OSH Policy and Psychology Department Protocol. An intern who calls in sick must notify their rotation supervisors and assigned Training Director. Consistent with OSH policy, sick time must be used once any accrued vacation time is exhausted.

Interns will also track their internship hours on their Activity Log. The use of the Activity Log helps to ensure that interns receive adequate supervision as well as receive a variety of training activities, in addition to ensuring that adequate hours of direct client contact are being accrued. Activity Logs are due to their assigned Training Director by the scheduled weekly supervision hour. Also, any additional hours worked should be noted on the Activity Log. The Activity Log template and instructions are located on the I:Drive in the OSH-PIP folder.

If interns are unable to fulfill training responsibilities within the year due to extended illnesses or other reasons, arrangements will need to be made for the intern to work beyond the 12-month period with no pay so as to complete training requirements.

**Dissertation & Education Leave**

Interns will be granted some time for dissertation defense as well as educational leave. Dissertation defense requests must be approved by their assigned Training Director. Educational leave for outside training activities is also available and, again, must be approved by their assigned Training Director. Considerations for educational leave requests include interference with clinical duties and commitments, internship training requirements, etc.

**Outside Employment**

Internship training is rigorous and will require extensive commitment from interns. Furthermore, the Psychology Department is responsible for the clinical training and supervision of interns throughout the year. For these reasons, outside clinical work of any kind is not generally permitted for interns. Approval for other types of non-clinical work may be granted, but must be in writing from the Training Director(s). Should interns be approved for any outside work, a conflicting employment form must be completed per OSH policy.

**Computer Use**

Interns have access to state issued computers. It is expected that interns will use computers responsibly. Access to the internet is provided for work purposes only. Furthermore, e-mail accounts are provided for communicating with colleagues about work matters. Hospital computers may be used by interns to work on dissertations to the extent approved by supervisors.
Co-Signed Notes & Medical Record Requirements

All medical record entries such as progress notes and psychological reports must be co-signed by the licensed psychologist who assumes clinical responsibility for the cases being supervised. Standards for progress notes and psychological evaluation reports are clearly outlined in the Psychology Department Protocols. Interns must adhere to these standards. If interns have questions about medical record entries, they should seek guidance from their supervisor prior to making an entry. OSH uses an electronic medical record through Avatar and other means. Interns will be provided an in-service about proper use and appropriate documentation.
OSH-PIP Protocols

Please review the following attached OSH-PIP protocols:

4.500 Administration, Financing, & Resources Protocol

4.501 Development of Policies Protocol

4.502 Statement of Non-Discrimination & Diversity Protocol

4.503 Application Selection Process Protocol

4.504 Intern Orientation Protocol

4.506 Intern Evaluation Procedures Protocol

4.507 Problematic Intern Performance & Due Process Procedures Protocol

4.508 Grievance Procedures Protocol

4.509 Program Evaluation Protocol
I. PURPOSE

This policy establishes the Oregon State Hospital Psychology Internship Program (OSH-PIP). The administrative structure and faculty are described. Furthermore, the process for securing financial resources for the program is outlined. The program adheres to the internship accreditation standards of the American Psychological Association (APA) and guidelines provided by of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

II. DEFINITIONS

A. “ITC” means the Oregon State Hospital's (OSH) Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists, and licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

B. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its
members. APA’s mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives.

C. “OSH-PIP” means the Oregon State Hospital’s Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

III. PROTOCOL

A. Administrative Structure

1. The Chief of Psychology is responsible for maintaining ethical and practice standards for the discipline. This includes ultimate responsibility for the internship program.

2. A Training Director(s) is appointed by the Chief of Psychology. The Training Director(s) is responsible for development and oversight of the internship program ensuring compliance with APA accreditation standards and APPIC guidelines.

3. While the Training Director(s) might have additional responsibilities associated with his/her position at the hospital, it is the responsibility of hospital administration and management to ensure that this individual is provided adequate time to fulfill his/her responsibilities.
4. The ITC is appointed by the Training Director(s) in consultation with the Chief of Psychology. This ITC consists of licensed doctoral psychologists, or license-eligible persons.

B. Faculty

1. The core faculty of OSH-PIP consists of licensed doctoral psychologists privileged to practice independently at OSH.

2. Adjunct faculty may include license-eligible persons, postdoctoral fellow(s), and unlicensed doctoral psychology staff, and other licensed professionals. Finally, adjunct faculty may also include honorary members such as the Chief Medical Officer (CMO), and the Superintendent.

C. Financial Resources

1. Financial support for the OSH-PIP has been approved by OSH administration.

2. Financial resources include:
   a. Intern stipends
   b. Fees for APA accreditation, application, and site visits
   c. Fees for APPIC membership
   d. Work areas and equipment for interns including individual laptops

3. Interns are limited-duration employees of OSH, and receive health benefits, as well as vacation and sick leave, through their employer. Questions regarding specific benefits packages can be directed to the OSH Human Resources Department.

D. Intern Resources
1. OSH-PIP interns have access to numerous resources. Assessment and other training materials are provided, and additional materials that may be needed may be purchased with ITC approval. Each intern additionally has access to administrative and IT support. Finally, interns have access to the resources provided by the Oregon State Library to support program evaluation, research, and literature review throughout the training year.

IV. REFERENCES
   A. APA’S GUIDELINES AND PRINCIPLES FOR ACCREDITATION OF PROGRAMS IN PROFESSIONAL PSYCHOLOGY

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY
   A. OSH Policy 5.004 – Valuing Diversity
   B. DHS-060-013 – Discrimination and Harassment Free Workplace
   C. HRSD 50.010.01 – Discrimination and Harassment Free Workplace

VI. STAKEHOLDERS
   A. Internship Training Committee
   B. Psychology Department Staff
   C. Oregon state Hospital Administration
I. PURPOSE

This statement outlines the process by which policies are established and reviewed for Oregon State Hospital Psychology Internship Program (OSH-PIP). The program adheres to the internship accreditation standards of the American Psychological Association (APA) and guidelines provided by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

II. DEFINITIONS

A. “OSH-PIP” means the Oregon State Hospital’s Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

B. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its
members. APA's mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

C. “APPIC” means Association of Psychology Postdoctoral and Internship Centers. APPIC exists to provide a service to members who are interested in the training of doctoral and postdoctoral psychologists as well as the working with the National Match Program that places psychology doctoral students in internships. The APPIC is made up of a board of directors elected by the membership to represent training directors in doctoral and postdoctoral psychology training programs.

D. “ITC” means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists, licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Introduction of New Policies

1. New policies may be introduced by any member of the ITC or core faculty.

2. The Training Director(s) sends drafts of newly introduced policies to all members of the ITC for review. Members of the ITC have at least ten working days to provide written feedback to the Training Director(s).

3. Following the review cycle, the ITC meets to discuss the policy and any feedback received.

4. Final approval of all new policies requires majority support of the ITC.

B. Review and Revision of Existing Policies
1. Existing policies for the OSH-PIP are reviewed annually by the Training Director(s).

2. Regarding substantive changes, the Training Director(s) will send copies of existing policies to all members of the ITC for review. Members of the ITC have at least ten working days to provide written feedback to the Training Director(s).
   a. Following that review cycle, the ITC will meet to discuss the policy and any feedback received.

3. Modifications regarding substantive changes to existing policies can be made only with majority support of the ITC.

IV. REFERENCES

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS
   A. Internship Training Committee
   B. Psychology Department Staff
   C. Oregon State Hospital Administration
I. PURPOSE

Oregon State Hospital (OSH) employees treat all people with respect and dignity by striving to create and foster a supportive and understanding environment in which all individuals realize their maximum potential in a multicultural setting, regardless of their differences. Employees shall respect the cultural differences which allow all opportunities for advancement, support, recognition, self-esteem, self-worth, or self-satisfaction as well as creating a safe work environment. Within the limitations of resources and the need for facility security, safety, health, and orderliness; OSH strives to offer individuals under the custody and/or supervision of OSH the opportunity to be treated according to the cultural norms of their choice or background.

II. DEFINITIONS

A. “Discrimination” means making employment decisions related to hiring, firing, transferring, promoting, demoting, benefits, compensation, and other terms and conditions of employment, based on or because of an employee’s protected class status.
B. “Protected Class” means race, color, national origin, sex, religion, marital status, family relationship, sexual orientation, age, disability, injured worker, persons using leave covered by the Federal Family and Medical Leave Act or the Oregon Family Leave Act, persons using Military Leave, any person associating with a protected class, any person opposing unlawful employment practices, whistleblowers, any person filing a complaint or testifying about violations or possible violations, and any other protected class as defined by federal or state law.

C. “Workplace Harassment” means unwelcome, unwanted, or offensive conduct based on or because of an employee’s protected class status. Harassment may occur between a manager/supervisor and a subordinate, between employees, and among non-employees who have business contact with employees. A complainant does not have to be the person harassed, but could a person affected by the offensive conduct. Examples of harassing behavior include but are not limited to derogatory remarks, slurs, and jokes about a person’s protected class status.

D. “Sexual harassment” means unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Examples include but are not limited to unwelcome, unwanted, or offensive touching or physical contact of a sexual nature, such as: closeness, impeding or blocking movement, assaulting or pinching; gestures; innuendoes; teasing, jokes, and other sexual talk; intimate inquiries; persistent unwanted courting; sexist put-downs or insults; epithets; slurs; or derogatory comments.

E. “Complainant” means a person or persons allegedly subjected to discrimination, workplace harassment, or sexual harassment.
F. “ITC” means the Oregon State Hospital’s Psychology Internship Program’s (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

G. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA’s mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives.

H. “OSH-PIP” means the Oregon State Hospital’s Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

I. “APAGS” means the American Psychological Association of Graduate Students. APAGS’ mission is to build a better future for psychology by serving as a united voice to enrich and advocate for graduate student development.

III. PROTOCOL

A. Nondiscrimination
1. In accordance with hospital policy, the state of Oregon provides a work environment free from unlawful discrimination or workplace harassment based on or because of an employee's protected status. Employees at every level of the organization, including state temporary employees and volunteers, must conduct themselves in a business-like and professional manner at all times and not engage in any form of discrimination, workplace harassment, or sexual harassment. All employees will encourage and demonstrate a welcoming environment at OSH.

2. In line with the values of OSH, OSH-PIP strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by OSH-PIP to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. OSH-PIP strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. OSH-PIP's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area.

IV. DIVERSITY RECRUITMENT AND RETENTION OF STAFF AND INTERNS

A. Diversity Recruitment and Retention of Staff and Interns

1. The state of Oregon is committed to affirmative action, equal employment opportunity, culturally competent services, and workplace diversity. In addition, the
ITC recognizes a need for recruiting and retaining a diverse group of psychologists, students, and interns.

2. Staff

a. OSH-PIP places a high value on the representation of diversity within the staff of its training sites. In an effort to systematize its recruitment and retention of diverse staff, OSH-PIP undertakes the following:

i. OSH-PIP posts staff openings on diversity-related listservs and newsletters, such as those of APA’s Divisions 45, 44, and 22.

ii. OSH-PIP maintains information on its public website highlighting the program’s commitment to and focus on diversity in its staff hiring practices, and welcomes interested applicants to contact the faculty to discuss openings.

iii. OSH-PIP maintain a webpage on the website of the Western Interstate Commission for Higher Education (WICHE), allowing for broad national exposure in light of WICHE’s role in behavioral health workforce development across the nation.

iv. OSH-PIP creates employment opportunities for its past interns, as positions are available and appropriate. OSH-PIP interns are drawn from a highly diverse applicant pool and several specific strategies are utilized to ensure the recruitment of diverse interns, as described above. This strategy promotes access to staff that are representative of the diversity that is sought in the intern recruitment process.
v. All employees shall undergo cultural diversity training when
beginning work at OSH (as per New Employee Orientation
requirements); this training encompasses raising awareness about
issues surrounding cultural competency and workforce diversity in
the hospital setting.

vi. OSH-PIP provides opportunities for experience and continuing
education around topics of diversity for its staff.

3. Interns
   a. OSH-PIP recognizes a need for recruiting and retaining a diverse group of
      psychologists, students, and trainees. Many steps are taken to accomplish
      this aim including, but not limited to
         i. Recruitment of undergraduate and graduate student trainees from
            local universities, drawing from their diverse student populations by
            sending marketing materials to local Directors of Clinical Training.
            These materials include information emphasizing OSH-PIP’s training
            in diversity.
         
         ii. OSH-PIP advertises its program annually on a minimum of four (4)
             listserves that reach diverse student populations, including such
             organizations as APA’s Division 45 - the Society for the Psychological
             Study of Ethnic Minority Issues, the APAGS group for the Advancement
             of Ethnic and Racial Diversity, APA’s Division 44 - the Society for the
             Psychological Study of Lesbian, Gay, Bisexual, and Transgender
             Issues, the APAGS committee for Lesbian, Gay, Bisexual, and
Transgender Concerns, APA’s Division 22 – Rehabilitation Psychology, and recipients of the APA Minority Fellowships.

iii. OSH-PIP will send letters to those intern applicants participating in APA’s Minority Fellowship Program whom provide the best match for our internship program and encouraging them to apply.

iv. On an annual basis the ITC requests funding from hospital administration to send at least one program representative to participate in APAGS’s “Internship Meet and Greet” during each annual convention of APA. Materials emphasizing OSH-PIP’s focus on diversity training are discussed with interested students.

v. On an annual basis the ITC requests funding from hospital administration for the OSH-PIP training directors to participate in the annual Oregon Psychological Association Conference and provides information to potential candidates.

vi. OSH-PIP maintains its Diversity and Non-Discrimination Policy on its public website.

vii. OSH-PIP maintains a required competency on diversity issues in its training curriculum, and multiple experiences are provided to each cohort to ensure that interns are both personally supported and well-trained in this area. These experiences include but are not be limited to an emphasis on diversity training during orientation, provision of treatment to diverse populations, and didactic seminars on diversity-related topics. OSH-PIP evaluates its interns on their achievement of
competence in this area through ongoing supervision as well as written evaluations.

V. REFERENCES


VI. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

A. OSH Policy 5.004 – Valuing Diversity
B. DHS-060-013 – Discrimination and Harassment Free Workplace
C. HRSD 50.010.01 – Discrimination and Harassment Free Workplace

VII. STAKEHOLDERS

A. Internship Training Committee
B. Psychology Department Staff
C. Oregon State Hospital Administration
I. PURPOSE

This policy provides a statement of the selection criteria and process for the psychology internship program. The standards described are consistent with the internship accreditation standards of the American Psychological Association (APA). Furthermore, the program participates in the matching process of the Association of Psychology Post doctoral and Internship Centers (APPIC).

II. DEFINITIONS

A. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants and students as its members. APA’s mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives.

B. “APPIC” means Association of Psychology Postdoctoral and Internship Centers. APPIC exists to provide a service to members who are interested in the training of doctoral and postdoctoral psychologists as well as the working with the National Match Program that places psychology doctoral students in internships. The APPIC is
made up of a board of directors elected by the membership to represent training directors in doctoral and postdoctoral psychology training programs.

C. "OSH-PIP" means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

D. “ITC” means the Oregon State Hospital's Psychology Internship Program’s (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assist the Training Director(s) with development, oversight, and evaluation of the internship program. This includes the development and implementation of policies as well as intern selection.

E. “AAPI” means APPIC’s Application for Psychology Interns. The AAPI is the standard online application used by prospective interns to apply for doctoral internship programs.

III. PROTOCOL

A. Application Process

1. Prospective interns submit the AAPI and required documentation.

2. Deadline for receipt of AAPI is November 1 of each year.

3. AAPIs are reviewed by the ITC as designated by the Training Director(s) and Chief of psychology. Acceptable applicants will be invited for interviews.
4. Applicants will be notified of their interview status on or before the December 1 deadline.

5. In-person interviews will be scheduled in January of each year with phone interviews available if necessary. No preference will be given to prospective interns based on interview format (i.e., phone verses in-person).

B. Complete Application

1. A completed online AAPI including
   a. Cover letter (part of online AAPI) stating interest in OSH-PIP
   b. A current Curriculum Vitae
   c. Three letters of recommendation, two of which must be from persons who have directly supervised the applicant's clinical work
   d. Official transcripts of all graduate coursework
   e. A redacted full integrated psychological assessment report

C. Selection Criteria and Process

1. OSH-PIP will base its selection process on the entire application package noted above; however, the following qualifications are required for consideration:
   a. Completion of coursework required by an APA/CPA-accredited doctoral program in clinical or counseling psychology.
   b. A minimum of 500 intervention hours
   c. A minimum of 75 assessment hours
   d. Dissertation proposal defended
   e. Passed their doctoral program's comprehensive or qualifying exam
   f. Approved for internship by graduate training director
   g. US citizen or eligible to work in the US
h. Some experience or special interest in working in an inpatient psychiatric hospital setting and/or with forensic populations

2. Additional criteria include applicants' amount and variety of practica experience, research productivity (including dissertation), and goodness of fit with our program (i.e., interest in evidence-based practices, severe mental illness, individual and cultural diversity, forensic psychology, Dialectical Behavior Therapy, risk assessment, geropsychology, ), which is determined through written materials as well as in-person or telephone interviews.

3. A member(s) of the ITC rates each applicant on the quality of (a) academic preparation, (b) letters of recommendation, (c) practica experience, (d) dissertation and other research productivity, (e) goodness of fit with internship, and (f) interview impression. These ratings serve to guide discussion of applicant strengths and weaknesses by the ITC, which produces a rank order list. This list is finalized by the ITC and submitted to APPIC for the Match process.

4. OSH-PIP welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. OSH-PIP provides equal opportunity to all prospective interns and does not discriminate because of a person’s race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other factor that is irrelevant to success as a psychology intern. As noted above, applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. If an applicant or intern requires accommodations, they should contact the internship Training Director(s) to initiate this process.
D. APPIC Match Process

1. OSH-PIP participates in the APPIC Match process and agrees to abide by all APPIC Match policies. In accordance with these policies, OSH-PIP does not solicit, accept, or use any ranking-related information from any intern applicant.

2. The only rank-related information OSH-PIP communicates to applicants, if any, prior to the release of the APPIC Match results is whether or not the applicants remain under consideration for admission. Interns will be notified by December 1 of their interview status.

3. Appointment of applicants to internship positions is contingent upon results of the background screenings, which include criminal background check and urine drug screen. This information is clearly specified in our written materials (i.e., website, APPIC directory online, OSH-PIP Handbook, and is also provided verbally to applicants at the time of the interview.

4. Within 72 hours of receipt of APPIC Match results, the Training Director(s) will send written appointment agreements (via email) to matched applicants with copies to the applicants' academic program directors. The appointment agreements confirm the conditions of the appointment, including the stipend, benefits, beginning and ending dates of the internship, and the contingency of the agreement upon results of the background screening, which includes a urine drug screen and criminal background check.

E. Informal Problem Resolution

1. If OSH-PIP becomes aware of any violations of the APPIC Match policies, the Training Director(s) first request compliance with APPIC policies from the appropriate party or parties and then attempt to resolve the problem informally
through consultation with applicants, academic program directors, and/or APPIC, or by other informal means.

2. Likewise, if OSH-PIP becomes aware of violations of the APPIC Match policies by other internship training directors, they first urge the applicants and training directors involved to follow the informal resolution procedure as described in APPIC policy and/or directly contact the other internship Training Director(s).

F. Formal Complaints

1. Violations of APPIC Match Policies that are not amenable to resolution through informal consultation are reported by the Training Director(s) to the APPIC Standards and Review Committee at the following address:

   a. Chair, APPIC Standards and Review Committee
      
      17225 El Camino Real, Suite #170
      Houston TX 77058-2748
      P: 832.284.4080
      F: 832.284.4079

IV. REFERENCES

   A. Current version of the APPIC Match Policies

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

   A. Internship Training Committee
   B. Psychology Department Staff
C. Oregon State Hospital Administration
I. PURPOSE

This policy statement outlines requirements for orienting new interns. Interns must receive orientation at three levels: to the hospital; to the internship program; and to each specific rotation they are assigned.

II. DEFINITIONS

A. “OSH-PIP” means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

B. “ITC” means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship Training Committee. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.
III. PROTOCOL

A. Orientation to OSH-PIP

1. Interns are oriented to the internship during their first week (or during their second week if Hospital-Wide/New Employee Orientation occurs the first week).

2. During this orientation, interns meet the faculty, review protocols, and tour the facility.

3. Interns must also complete an initial competency assessment (i.e., OSH-PIP Intern Evaluation) with the Training Director(s), which will also be reviewed by the identified first semester major and minor rotation supervisors.

B. Hospital-Wide Orientation

1. All OSH employees, including psychology interns, must complete hospital-wide, New Employee Orientation.

2. This training covers a variety of topics relevant to working in a healthcare setting, issues specific to OSH, cultural competency training, a standardized training program in crisis and aggression management, and reviewing various policies and procedures.

C. Orientation to Selected Rotations

1. It is the responsibility of each supervisor to ensure that interns are oriented immediately upon initiation of the rotation.

2. Rotation orientations are likely to vary from rotation to rotation; however, it is expected that at a minimum the following topics are included:

   a. Physical layout of the site.

   b. Ward/program/rotation schedule.
c. Rotation components as outlined in the Rotation Contract for each specified rotation, including specific expectations as to what activities the intern will partake in and/or be responsible for.

d. Theories, principles, concepts, and procedures/techniques specific to the program or clinical approach of each site. This may entail the intern participating in formal didactic and/or experiential training.

e. Available resources (e.g., I:Drive contents, medical record, testing supplies).

3. Supervisors and interns must agree upon a method by which the intern may contact the supervisor when needed at any time during scheduled rotation hours. It is imperative that interns are able to contact supervisors for consultation and guidance should an emergency or especially difficult situation arise. Additionally, a back-up individual (licensed psychologist) and method of contact should be established should the supervisor be away from the facility, on vacation, or otherwise unavailable.

IV. REFERENCES

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

A. Internship Training Committee
B. Psychology Department Staff
C. Oregon State Hospital Administration
I. PURPOSE

A. This policy provides a statement of the procedures for evaluating intern performance and outlines criteria and procedures for determining satisfactory progress and successful completion of the Oregon State Hospital Psychology Internship Program (OSH-PIP). The standards described are consistent with the internship accreditation standards of the American Psychological Association (APA).

II. DEFINITIONS

A. “OSH-PIP” means the Oregon State Hospital’s Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

B. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its
members. APA’s mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives.

C. “ITC” means the Oregon State Hospital’s Psychology Internship Program’s (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROTOCOL

A. Required Competency Domains

1. Consistent with our aims, profession-wide competencies, and learning elements, interns are required to demonstrate intermediate to advanced levels of competence in 9 areas of professional practice:
   a. Research
   b. Ethical and Legal Standards
   c. Individual and Cultural Diversity
   d. Professional Values and Attitudes
   e. Communication and Interpersonal Skills
   f. Assessment
   g. Intervention
   h. Supervision
   i. Consultation and Interprofessional/Interdisciplinary Skills
      i. These areas of professional practice are based upon the APA profession-wide competencies for health service psychologists.
2. Interns are informed of these areas during internship orientation. The OSH-PIP Intern Evaluation Form describes these competencies in greater detail and covers all 9 required competency domains using a four-point rating scale:
   a. Level 1 – Dependent Competence
   b. Level 2 – Beginning Competence
   c. Level 3 – Intermediate Competence
   d. Level 4 – Advanced Competence

B. Method and Schedule of Evaluation

1. Informal evaluation and feedback are ongoing throughout the training year. Supervisors are expected to provide interns with timely, frequent, and ongoing feedback regarding their performance. It is our philosophy that providing such feedback in a collaborative manner serves to enhance the learning experience, reduce anxiety about evaluation, and avoid “surprises” at the time of more formal evaluations.

2. Intern progress will be discussed by major and minor rotation supervisors during monthly ITC meetings.

3. Formal evaluation begins during orientation, when interns complete the Intern Evaluation Form as a self-assessment with the Training Director(s). Also with the Training Director(s), the interns discuss the evaluation as well as related experience and/or hypothetical cases.
   a. Interns rated at level 1 (Dependent Competence) on assessment and/or intervention domains must be closely supervised as determined by the supervisor or designee during client contact until re-evaluated and rated at
level 2 (Beginning Competence) by a supervisor. This is to ensure that interns receive the level of supervision needed from the outset.

4. The primary instruments used to guide formal evaluations of intern performance are the OSH-PIP Intern Evaluation Form, the Intern Case Presentation Evaluation Form, and the Didactic Evaluation Form/Intern Dissertation Evaluation Form, all of which are explained to interns during orientation.

5. Interns are formally evaluated four times annually, at the mid- and end-points of each major and minor rotation. Evaluations are completed by each intern’s major and minor rotation supervisors. Upon completion, the Training Director(s) receive the signed form, review, and co-sign. Interns receive a copy of all completed evaluations.

6. Evaluations are conducted using a standard rating form (OSH-PIP Intern Evaluation 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 OSH-PIP’s expected profession-wide competencies and the related learning elements.

7. In order to successfully complete the internship, interns must satisfactorily attend and complete all required service and training activities, and have completed a sufficient number of hours to qualify for a one-year, full-time internship experience. In addition, interns must receive supervisory ratings of at least Level 3 (Intermediate Competence), the minimum level of achievement, or higher (except for the individual supervision competency referenced above) by the end of the training year in order to successfully complete the internship.
8. At any point during the training year, if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures may be initiated. Please refer to Policy 4.507 for Due Process Procedures.

C. Criteria for Satisfactory Progress

1. The ITC reviews intern evaluations from each rotation and documents the intern’s progress in a monthly Intern Progress Note. This note documents whether interns are making satisfactory progress toward mastery of the 9 required competency domains. In determining satisfactory progress, the ITC must take into account the intern’s prior evaluations and progress to date, the timing of the current evaluation within the overall training year, and the criteria for successful completion of the internship. Thus, through this process, the ITC determines whether interns are considered to be making satisfactory progress in the internship. If the ITC specifies that an intern is not making satisfactory progress then a remediation plan is required (see OSH-PIP Due Process Protocol 4.507).

2. Interns receive verbal feedback regarding their progress through the internship program. Written feedback regarding progress is provided to the intern’s doctoral program during the sixth and twelfth month or more often as necessary.

D. Criteria for Successful Completion

1. Interns must receive supervisory ratings of at least Level 3 — Intermediate Competence on all of OSH-PIP’s 9 required competency domains by the end of the internship year in order to successfully complete the internship.

2. All OSH-PIP interns are expected to complete 2080 hours of training during the internship year (which includes all leave time). Interns are expected to have at
least 25% direct client contact and will receive at least four hours of supervision by a licensed psychologist per 40 hour work week.

3. The ITC reviews evaluations from final rotations and determines whether criteria for successful completion were met. The intern's doctoral program is also provided with documentation of successful completion. If the ITC determines that an intern does not meet criteria for successful completion of the internship, the training program will be provided documentation indicating deficits and future training needs of the intern that could be provided by their doctoral training program (see OSH-PIP Due Process Protocol 4.507).

IV. REFERENCES

A. APA's Guidelines and Principles for Accreditation of Programs in Professional Psychology

B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

A. Internship Training Committee

B. Psychology Department Staff

C. Oregon State Hospital Administration
I. PURPOSE

We strive to ensure that interns have a successful experience that is both professionally and personally fulfilling. However, at times some interns may encounter problems. This policy outlines how problems in internship performance are identified and the processes for attempting to remediate them. Additionally, due process procedures are detailed for notifying interns of their problematic behavior and possible or actual termination.

It is important to note that the procedures described in this policy pertain to processes followed by the Internship Training Committee (ITC) and Psychology Department for addressing problems that may arise with interns. These procedures are separate and distinct from disciplinary actions that may be taken by the Superintendent of Oregon State Hospital (OSH) as a result of a violation of hospital or Oregon Health Authority (OHA) policy. As employees of OSH, interns must adhere to all hospital and OHA policies. Failure to do so can result in disciplinary actions separate from the actions of the ITC.

II. DEFINITIONS

A. “ITC” means the Oregon State Hospital's Psychology Internship Program's (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and
evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

B. “OHA” means Oregon Health Authority, which is the governing body over OSH. The mission of OHA is helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

C. “OSH-PIP” means the Oregon State Hospital’s Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

D. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA’s mission is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives.

III. PROTOCOL

A. Identification of Problems

1. Problems in intern functioning may be due to deficiencies in an intern’s performance or may be due to problematic conduct. Most problems that arise are relatively minor and can be handled through standard supervisory processes. However, some problems may be so serious or resistant to remediation efforts that
they result in the intern being placed on probation, suspension, or terminated from the program. Specifically, such problems typically fall into one of the following categories:

a. Inability to acquire the skills necessary to be sufficiently competent in one or more core competencies.
b. Inability or unwillingness to demonstrate professional behaviors.
c. Inability or unwillingness to conform to ethical standards.
d. Violation of hospital and/or OHA polices.

2. It is a professional judgment as to when an intern’s behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

a. the intern does not acknowledge, understand, or address the problem when it is identified,
b. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
c. the quality of services delivered by the intern is sufficiently negatively affected,
d. the problem is not restricted to one area of professional functioning,
e. a disproportionate amount of attention by training personnel is required,
f. the trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time,
g. the problematic behavior has potential for ethical or legal ramifications if not addressed,

h. the intern’s behavior negatively impacts the public view of the agency,

i. the problematic behavior negatively impacts the intern class,

j. the problematic behavior potentially causes harm to a client, or

k. the problematic behavior violates appropriate interpersonal communication with hospital staff.

B. Remediation

1. Supervisors should clearly identify problems with interns and conjointly develop remediation plans with interns. For relatively minor problems, this plan may consist of increased supervision, didactic training, and/or structured readings. Supervisors must keep the Training Director(s) and the ITC informed of any interns having problems and the efforts being made toward remediation. Supervisors are encouraged to consult with other members of the ITC for advice and assistance regarding remediation procedures.

2. As indicated in Protocol 4.506, if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures may be initiated.

C. Formal Due Process Procedures

1. For problems that persist despite additional interventions as described above, or for more serious problems that may result in formal action (i.e., probation, suspension, termination), formal due process procedures will be initiated. At this point, remediation plans are written by supervisors within five business days.
Remediation plans will clearly identify the problem behavior, and will specify the steps necessary to rectify the problem. Written remediation plans must be approved by the ITC. The intern’s Graduate Director of Clinical Training will be notified regarding these persistent problems and related written remediation plans.

2. The Training Director(s) or designee will provide interns with written feedback on a weekly basis on their progress toward remediation goals and the extent to which the remediation plan was or was not successful. There may also be communication between the Training Director(s), ITC, and the intern’s Graduate Training Program.

D. Corrective Action

1. Interns who have serious ongoing problems or engage in egregious violations of hospital policy, department policy, or the APA Code of Ethics will have one or more of the following actions taken by the ITC:
   a. **Probation.** The ITC may place the intern on probation. This involves written notification to the intern of problematic performance, the expected changes or improvements, and a time frame for corrections to be accomplished. The Training Director(s) will contact the University program of any intern placed on probation to notify the Graduate Program Training Director of the intern's status and to discuss remediation efforts. Interns who fail to make expected changes or improvements within the specified time frame may be subjected to further corrective or disciplinary action.
   b. **Suspension or restriction of clinical activities.** The ITC may suspend an intern, which prohibits the intern from being involved in any direct clinical services.
Typically, suspensions occur only after it is established that the intern has committed an ethical violation or is performing services that could be detrimental to clientele. Written notification is provided to the intern with expected remediation efforts and a date upon which the ITC will review the suspension. If required corrective actions are completed successfully, the intern can be returned to clinical work under close supervision. The ITC must approve details of the supervision plan. The Training Director(s) will contact the Graduate Program Training Director of any intern who is suspended to notify that faculty of the intern’s status and to discuss remediation efforts.

c. **Termination.** The ITC may recommend to the Chief of Psychology that an intern be terminated from employment. Such an action would be taken only after an intern has engaged in an egregious violation of ethical standards or has demonstrated a continuous inability/unwillingness to acquire the skills and/or display the professional behaviors necessary to successfully complete the program. This may include repeated violations of hospital and/or OHA policy. OSH administration must ultimately make any final decisions regarding termination. Interns will be notified in writing of the ITC’s recommendation at the time it is offered to the Chief of Psychology.

E. Appeals

1. Interns have five working days after receiving written notification of a formal action by the ITC to file an appeal. Appeals must be submitted in writing to the Training Director(s). Upon receiving an appeal, the Training Director(s) may review the situation or, if the Training Director(s) is directly involved in the situation, appoint
an ad hoc committee to review the situation. This ad hoc committee should exclude any primary supervisors or Training Director(s) involved in the current situation. This committee may request to interview any parties it deems necessary to complete its review. The committee will submit a written report to the Training Director(s) detailing their recommendations within five business days (of the meeting). The Training Director(s) will then provide written notification to the intern either denying or upholding the intern’s appeal with five business days (of receiving written report from the committee).

F. Procedures for Hospital Staff to Submit Complaints or Grievance toward Interns

1. It is the supervisor’s responsibility to ensure that staff working with the intern understand the role of the intern, know who the supervisor is, and are familiar with options for making a complaint about or filing a grievance toward an intern.

   Hospital staff who wish to make a complaint about or file a grievance toward an intern have the following avenues available to them:

   a. Speak directly to the intern.

   b. Discuss the matter with the intern’s supervisor.

   c. If the first two steps are proven unsuccessful, hospital staff should submit a written complaint to the supervisor, Training Director(s), and Chief of Psychology.

   d. If the first three steps are proven unsuccessful, hospital staff should submit a grievance to the appropriate hospital administrator following the procedures outlined in OSH/OHA policy.
e. All written grievances and subsequent written responses will be maintained by OSH-PIP administration (i.e., the Training Director(s) or Chief of Psychology).

IV. REFERENCES


B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

A. Internship Training Committee
B. Psychology Department Staff
C. Oregon State Hospital Administration
I. PURPOSE

The purpose of this policy is to outline how psychology interns can pursue difficulties with, or if necessary, grievances toward other interns, supervisors, an Internship Training Committee (ITC) member, other members of the Psychology Department, or other staff at the hospital. Interns who pursue grievances will not experience any adverse professional consequences. Additionally, procedures are outlined for hospital staff to file complaints or grievances toward interns.

II. DEFINITIONS

A. “OSH-PIP” means the Oregon State Hospital's Psychology Internship Program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

B. “APA” means the American Psychological Association. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its
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C. “ITC” means the Oregon State Hospital’s Psychology Internship Program’s (OSH-PIP) Internship ITC. The ITC consists of licensed doctoral psychologists or licensed-eligible persons. The ITC assists the Training Director(s) with development, oversight, and evaluation of the internship program; this includes the development and implementation of policies as well as intern selection.

III. PROCEDURES FOR INTERNS TO FILE GRIEVANCES

A. Procedures for Interns to File Grievances against ITC members or members of the Psychology Department

1. Interns who wish to file a grievance against another intern, a supervisor, an ITC member, or any member of the Psychology Department should follow these steps:
   a. Attempt to resolve the matter by discussing with the other person involved.
   b. Speak with a supervisor who is not directly involved in the situation, or the Training Director(s) to discuss the matter further and seek advice and/or assistance to resolve the matter.
   c. If the interventions discussed in step two are unsuccessful, a meeting will then occur within five business days between the intern, the grieved person(s), and the Training Director(s). The grieved person(s) will be notified by the Training Director(s) at least three days in advance of the meeting with regard to the reason the meeting is occurring. The Training Director(s) and/or the Chief of Psychology are present in the meeting with the intern and the other person(s) involved in order to serve as a mediator. Again, if the Training Director(s) is
involved, the meeting will also include the Chief of Psychology. The outcome of this meeting will be documented and maintained by OSH-PIP administration (i.e., the Training Director(s) of the Chief of Psychology).

d. If through the first three steps a satisfactory resolution is not reached, the intern should submit a written complaint to the Training Director(s) and/or the Chief of Psychology.

i. The individual being grieved will be asked to submit a written response within two business days to the Training Director(s), or the Chief of Psychology if the Training Director(s) is involved. One or both of these individuals will meet with the intern and any other relevant parties to resolve the matter.

e. If the intern is still not satisfied with the situation, s/he will be given instructions and guidance as to how to submit a formal grievance to the appropriate hospital administrator following the procedures outlined in OSH/OHA policy.

f. All written grievances and subsequent written responses are maintained by OSH-PIP administration (i.e., the Training Director(s) or Chief of Psychology).

B. Procedures for Interns to File Grievances involving Other Hospital Staff

1. Please see OSH policies and procedures.

IV. REFERENCES

B. APPIC Membership Criteria: Doctoral Psychology Internship Programs

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

A. Internship Training Committee
B. Psychology Department Staff
C. Oregon State Hospital Administration
I. PURPOSE

This policy provides an outline of the approach to self-assessment and quality improvement followed by the Oregon State Hospital Psychology Internship Program (OSH-PIP). It is intended to facilitate program evaluation procedures that are consistent with American Psychological Association (APA) accreditation standards for internships. Performance improvement is an ongoing process within OSH-PIP and includes input from interns as well as members of the Internship Training Committee (ITC).

II. DEFINITIONS

A. “OSH-PIP” means the Oregon state hospital’s psychology internship program. The aims of OSH-PIP are to provide comprehensive and individualized clinical training in evidence-based assessment and treatment that emphasizes the unique strengths and that addresses the needs of people in recovery from serious mental illness and that prepares professional psychologists to work as general practitioners as well as to work effectively with forensically-involved clients and other stakeholders.

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III. PROTOCOL

A. Continuous Data Collection & Performance Improvement

1. OSH-PIP engages in data collection for quality improvement purposes on an ongoing basis. The sources of ongoing quality improvement data are described below along with the frequency and timing of data collection associated with each. The Training Director(s) regularly review these data for purposes of performance improvement. Proposals for change based on this review are subject to majority vote of the ITC.

   a. Supervisor Evaluation - Interns complete this form at the mid- and end-points of each major and minor rotation in order to provide feedback about their supervisors and experiences. Interns are encouraged to provide any feedback directly to their supervisors.

   b. Upon completion of the form, the intern sends this form directly to the Training Director(s). The Training Director(s) discussed received feedback with the Chief of Psychology and feedback is offered to supervisors by the Chief of Psychology.
c. Didactic Evaluation - Interns complete this form weekly following each didactic seminar presentation. Feedback is shared with the didactic presenter.

d. Program Evaluation - Interns complete this form, which provides comprehensive feedback regarding the internship program, at the mid- and end-point of the training year. Interns forward completed forms to the Training Director(s). Feedback from these Program Evaluation forms is also shared with the Chief of Psychology and the ITC.

e. Alumni Survey - The Training Director(s) sends this form, which surveys information related to professional roles and accomplishments as well as impressions of the training they received within the program, to graduates of OSH-PIP. This form is sent in the summer during the first two years following internship completion.

f. Intern Activity Log - Interns complete this form weekly and forward a copy of their activity log to the Training Director(s).

IV. REFERENCES

A. APA’s Guidelines and Principles for Accreditation of Programs in Professional Psychology

V. PROTOCOL ALIGNS TO THE FOLLOWING OSH POLICY

VI. STAKEHOLDERS

A. Internship Training Committee

B. Oregon State Hospital Administration